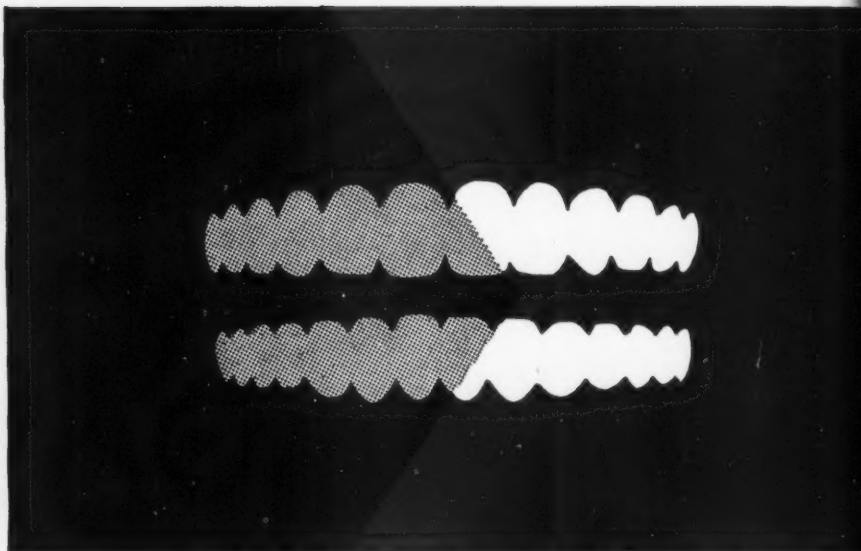


THE *Dental Assistant*



JOURNAL OF
THE AMERICAN
DENTAL ASSISTANTS
ASSOCIATION

MARCH • APRIL • 1958



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The Dental Assistant

VOL. 27

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NO. 2

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MARCH • APRIL

3

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As its official publication, THE DENTAL ASSISTANT carries authoritative notices and articles of the American Dental Assistants Association. Otherwise the Editor and Publisher are not responsible for opinions expressed in editorials, or by authors of articles or papers appearing on the pages of this Journal.

Advertising copy must conform to the official standards established by the American Dental Assistants Association.

The President Speaks . . .

Dear Members:

At times, these days, it seems extremely difficult to keep in step with all the activities of our associations. We completed our National Meeting, got a few days vacation, and it was time to prepare for the holiday season. Now, with the New Year scarcely under way, we are participating in Mid-Winter Meetings, Conferences and Seminars. Next will come the state and sectional meetings, for which we must find time from our obligation to jobs and families for travel, for preparation of clinics and papers, and for other duties that will be ours at these meetings. At a time like this it seems it might be well to pause for a moment to contemplate the ever changing, but never hurrying, action of Nature as winter gives way to spring. I hope our ACTION might be as deliberate and the results as gratifying as that we view in nature.

I have been highly complimented and honored to receive so many invitations to attend State Meetings, but, as much as I should like to, it is obviously impossible to accept them all. Conflict in meeting dates, along with other responsibilities, must be considered. However, I extend thanks to all of you for your thoughtfulness, and best wishes for successful meetings. I hope that all of you, as members, are planning to attend your state meetings and that you will take an active interest and part in the programs. Plan, also, to attend the 34th Annual Session of the ADAA in Dallas, Texas, November 10-13, 1958, and encourage others to do likewise.

By now you are surely aware of the American Dental Association's effort in our behalf in our nationwide membership campaign. Our Executive Secretary, Mary L. Martin, reports that the number of applications, indicating interest in membership, being received is far in excess of our expectations. I urge you all to step up ACTION while the ball is rolling, and make this our record year of growth. After the publicity has been sent, a personal contact will likely be necessary to get these assistants to follow through and become members. Be sure you encourage all non-members to attend your next meeting.

Several of the ADAA Committees have prepared brochures of tremendous interest and importance. Please see that these are brought to the attention of all your members. Our new ADAA News Briefs is a terrific one-page message, which contains vital information direct from Central Office. Be sure to read it at your society meetings that all members will be informed of up-to-date ADAA news.

The Mid-Winter Board Meeting held in Chicago in February was very well attended, and it was gratifying to be able to cover so much business at this session.

We are certainly moving full steam ahead in our program of ACTION.

A HAPPY EASTER TO ALL,

MAGDALENE KULSTAD, *President*

From Central Office Wires

Thanks to the Secretaries and the Treasurers for a steady flow of membership lists and dues. Keep them coming promptly. Remember that dues are delinquent after April 1st. Please be careful about spelling of names, and of the numerals in the addresses; and we need copies that are clear and distinct in order that our records may be accurate.

Are you getting a good response from your work on the Membership Campaign? Personal calls and personal letters, and invitations to attend meetings, are valuable. Make the prospective member feel that she is welcome and that there is a place in your society for her. If she is not close to a local society and must be an Independent Member of your State Association, keep in touch with her in some way. If you have state bulletins, include your Independent Members in its distribution. Or make it a duty of an officer or committee chairman to keep in touch with them. Be sure that she has an invitation to attend your State Meetings. Often an Independent Member is instrumental in forming a new society in her community.

Please advise Central Office promptly of changes of officers in your Association or Society, so that we can direct correspondence to the current officer.

Last call for the old membership lists. If your State Association would like to have its original membership lists, from the time of becoming part of the ADAA through 1956, you may have them for the asking and refunding postage. These lists have been put on micro-film for the permanent records. The original lists will be held until June. Then if not requested, they will be destroyed.

EDUCATION EFFICIENCY LOYALTY SERVICE

In Memoriam

GRACE RENSHAW, ADAA Life Member, passed away December 18, 1957. Grace served as ADAA Second Vice President in 1937 and 1928 and as First Vice President in 1929 and 1930. She was the founder of the Cincinnati Dental Assistants Society. Until the time of her long illness Grace was employed by Dr. Carlos H. Schott, Cincinnati, Ohio. The passing of one of the pioneer members is a great loss to the ADAA.

MILDRED MOORE, a member of the Stark County Dental Assistants Society, Ohio for five years, and assistant to Dr. B. K. Jones of Cambridge, passed away December 11, 1957.

Mildred will be missed very much, and sincere sympathy is extended to her family and Dr. Jones in their loss.

Joy, Phillips,

ADAA General Secretary.

Texans From:

- ☆ AUSTIN DISTRICT
- ☆ DALLAS COUNTY ☆ FORT WORTH
- ☆ HOUSTON ☆ LONGVIEW ☆ NINTH DISTRICT
- ☆ NUECES VALLEY ☆ PANHANDLE DISTRICT
- ☆ SABINE ☆ SAN ANGELO ☆ SAN ANTONIO
- ☆ SEVENTEENTH DISTRICT ☆ SMITH COUNTY
- ☆ SOUTH PLAINS DISTRICT
- ☆ WACO DISTRICT
- ☆ WICHITA FALLS DISTRICT
- ☆ TEXARKANA
- ☆ DENTON



Say

Howdy Neighbors—

and

Welcome to Texas!

I consider it an honor to be given the opportunity to bring to ADAA members everywhere, the first official words of welcome to the 1958 ADAA Convention that appear in our journal.

Perhaps I have been given this honor because I am your editor. Perhaps it is because I am a member and a past president of the Texas Association. Perhaps it is because I am a native Texan, born and reared in the Lone Star State as was my father before me, and it is still my home. Thus, by heritage, I have the right to sit on the top rail and tell tall yarns about Texas. You probably know that on occasions some of the reporting on Texas

by "outsiders" has been strongly resented by Texans. But the natives are considered qualified, and are at liberty to comment freely about the state and its people. Bragging is accepted; lying is abhorred. I was brought up by the motto, "Them that can brag without lying, let 'em brag!" And I am firmly convinced that one can brag plenty about Texas without lying.

This year we have something special to brag about, and we "aim" to do it! We will be hostesses to the 1958 Convention of the ADAA—the first time we have had this privilege since 1941 when Houston was the convention site. We are looking forward to this occasion

and you will never know how we have grown up in those 17 years if you don't come and see us!

Although the official "meetin' ground" will be the cosmopolitan city of Dallas—November 10-13, this hearty, though we hope not rowdy, welcome is extended on behalf of all the members of Texas' eighteen local societies. General Arrangements Chairman, Steve Ann Montgomery, has staged a round-up of all the herds, large and small, scattered throughout the state. They, about 500 in number, are now feasting at a trough filled with the best brand of "know-how in entertaining ADAA'ers." The legs of some of the newly-born dogies are still a little weak and wobbly, but they are gaining strength daily, and by the time November rolls around the entire herd is expected to be well groomed and ready to put on exhibition.

There is so much we would like to tell you about Texas, and why you must not miss this meeting, that space restrictions prohibit in this issue. But we hope to give you thumbnail sketches of the Texas of yesterday and today in future issues.

To squeeze in a few words anyway, we say: Its history is filled with romance, and inspiring stories of the lives and loves, of the courage and bravery of its early settlers who pioneered and built it. Contrary to the belief of many "outsiders," it is not just a wide expanse of barren land that is lashed consistently by sand storms. It is not populated solely by cowboys with itchy trigger fingers, and packs of crude, rowdy people. It is not roamed by herds of scrawny cattle with horns that extend several feet from tip to tip. Instead, there is a variety of scenic beauty, industry, and people. While it is primarily a plains state, it has a number of mountains of more than 5,000 feet in height; it has acres of woodlands; 12 long and large rivers; a number of lakes and miles of shoreline along the gulf-coast. It has cattle of the finest breeds, lumber, agriculture, oil, industry, and, believe it or not, is now considered a ranking state of

culture and endeavor. It has many oil millionaires, and some "pore folks," too; it has beautiful ladies, fashionably dressed, and slim hipped, rugged gentlemen.

Yes, Texas is as colorful as it is big—it has retained some of the old things and added many new things. There are a good many of the grandchildren of the old West gunmen still living here, so there is still a rawness and pioneering spirit of which Texas is justly proud. The biggest part of its growth and development has come in the 20th century, and with it has come people from everywhere—a Dukes' mixture of races. Texas has opened its big arms and welcomed its adopted children—we are Texans all—natives and converts alike. We have lots of room and are happy to share it. All we ask is loyalty to the Lone Star State, and that we get in most instances.

Of all the things we boast about, perhaps the one in which we take the greatest pride is the friendliness of our people. The early Indian definition of the word, "Tejas" or Texas was friends or allies. The state motto is "Friendship," and Texans work at living up to their reputation for being friendly folks. We can assure you a friendly, sincere and hearty welcome to Texas in November, ADAA'ers from everywhere.

You already know that Texans TALK big—we say, they also DREAM big and ENTERTAIN big. If you think we are bragging, come and see for yourself, we don't think you will be disappointed.

VIOLET L. CROWLEY

We wish to direct your attention to the advertisement in this issue concerning the post convention tour to Mexico after the Dallas Meeting which has been arranged by Dr. Carrick of Oberlin who is the Official Travel Consultant of the U. S. Section of Federation Dentaire Internationale. Dr. Carrick has offered many such trips for the Dental Profession in years past and wishes to say that this tour will be up to his usual high standard.

WHEN & WHERE

AMERICAN DENTAL ASSISTANTS ASSOCIATION:

Thirty-Fourth Annual Session: November 10-13, 1958; Baker Hotel, Dallas, Texas.

President: Mrs. Madgalene Kulstad, 327 Bedford Street, La Habra, California.

General Secretary: Mrs. Joy Phillips, 3041 W. Pierson, Phoenix, Arizona.

Executive Secretary: Mrs. Mary L. Martin, 410 First National Bank Bldg., La Porte, Indiana.

MEETINGS OF STATE ASSOCIATIONS

<i>State</i>	<i>Date</i>	<i>Place</i>	<i>Secretary</i>	<i>Address</i>
<i>First District</i>				
Rhode Island	Jan. 26-29 1958	Hotel Sheraton Biltmore Providence	Lucy Campopiano	109 Moorefield St. Providence
Massachusetts	May 4-7 1958	Hotel Statler Boston	June Wanburg	49 Sharon St. Waltham
Connecticut	May 14-15 1958	Hotel Statler Hartford	Frances St. Pierre	1329 Boulevard West Hartford
Vermont	May 25-27 1958	Equinox House Manchester	Helen Carlson	3 Chestnut St. Brattleboro
New Hampshire	June 22-24 1958	Mountain View Hotel Whitefield	Gladys Pistrowski	231 Central St. Manchester
<i>Second District</i>				
New York	May 12-14 1958	Buffalo	Muriel Burnett	407 Roosevelt Ave. Endicott
New Jersey	May 20-21 1958	Atlantic City	Jane Reynolds	45 Church Street Montclair
<i>Third District</i>				
Dist. of Columbia	March 9-12 1958	Shoreham Hotel Washington D.C.	Margaret Douglas	5819 Lumsden St. Falls Church, Va.
Maryland	May 4-7 1958	Lord Baltimore Hotel Baltimore	Kit Grove	113 E. Washington St. Hagerstown
Ohio	Sept. 28— Oct. 1 1958	Sheraton-Gibson Hotel Cincinnati	Anna Carey	1331 W. Market St. Lima
Pennsylvania	May 21-23 1958	Penn-Harris Hotel	Marjorie Baerncopf	R. D. #1 Robesonia
<i>Fourth District</i>				
Alabama	April 24-26 1958	Harrisburg Jeff. Davis Hotel Montgomery	Jean Daniel	918 Comer Bldg. Birmingham
Florida	May 18-21 1958	Sorrento Hotel Miami Beach	Lillian Spears	3734 28th Ave. St. Petersburg
Georgia	Oct. 12-14 1958	Georgian Terrace Atlanta	Claire Williamson	310 Med. Arts Bldg. Atlanta
Louisiana	April 10-12 1958	Penn Hotel Monroe	Anita Love	2980 Bartlett St. Baton Rouge
Mississippi	June 9-12 1958	Hotel Buena Vista Biloxi	Ruby Gaye Gist	P. O. Box 356 Iuka

Fifth District

Kentucky	March 23-25 1958	Brown Hotel Louisville	Willie M. Snider	Box 165 Bardstown
South Carolina	May 25-27 1958	Ocean Forest Hotel Myrtle Beach	Weita Coleman	1313 Marion St. Columbia
North Carolina	May 3-6 1958	Holly Inn Pinehurst	Calyle Cromwell	603 Chestnut Wilmington
Tennessee	May 11-15 1958	Patton Hotel Chattanooga	Joyce Howard	233½ N. Broad St. Cleveland
Virginia	May 4-7 1958	Jefferson Hotel Richmond	Dorothy Riddick	730 Waukesha Ave. Norfolk
West Virginia	July 20-23 1958	Greenbriar Hotel White Sulphur Springs	Ruth Harris	1041 Fourth Ave. Huntington

Sixth District

Wisconsin	April 21-24 1958	Schroeder Hotel Milwaukee	Marie Ramsey	234½ W. Wisconsin Portage
Michigan	April 27-30 1958	Tuller Hotel Detroit	Ruth Maino	610 So. Brown Jackson
Illinois	May 10-11 1958	Rockford	Harriett Turner	14517 School St. Chicago
Indiana	May 18-24 1958	Washington Hotel Indianapolis	Lillie Hicks	510 N. 16th St. New Castle

Seventh District

Iowa	May 5-7 1958	Des Moines	Alberta Houser	810 Liberty Bldg. Des Moines
Minnesota	April 14-16 1958	St. Paul	Pat Fitzgerald	3639 Russell Ave. N Minneapolis
Nebraska	April 28-30 1958	Omaha	Irene Mills	742 Doctors Bldg. Omaha
North Dakota	May 4-7 1958	Bismarck	Mrs. K. W. Morris	410½ Main Ave. Bismarck
South Dakota	May 11-13 1958	Mitchell	Patsy Tobin	1145 Idaho S.E. Huron

Eighth District

Arkansas	April 13-16 1958	Marion Hotel Little Rock	Mary Lamb	5508 W. Markham Little Rock
Oklahoma	April 20-23 1958	Biltmore Hotel Oklahoma City	Adeline Rucker	2510 N.W. 18th Oklahoma City
Missouri	May 5-8 1958	Hotel Continental Kansas City	Lorena Adler	3639a Botannical St. Louis
Kansas	May 5-8 1958	Hotel Continental Kansas City, Mo.	Opal Ioeberger	711 West 11th Topeka

Ninth District

Oregon	March 3-6 1958	Portland	Donna Hoaglin	13020 W. Douglas Portland
Washington	March 24-27 1958	Windsor Hotel Seattle	Sandra Stevens	809 S. Chase Port Angeles

Montana	May 1-4 1958	Butte	Emma Lind	Medical Arts Bldg. Butte
Idaho	June 16-19 1958	McCall	Ann Frey	130 Main Ave. N Twin Falls

Tenth District

Arizona	April 16-19 1958	Tucson Inn Tucson	Joan Keisel	3327 E. Broadway Tucson
New Mexico	May 28-30 1958	Las Cruces	Phyllis Bode	1109 Alvarado Carlsbad
Utah	May 22-24 1958	Salt Lake City	Elois Welchman	1818 E. 21st South Salt Lake City
Colorado	Oct. 5-8 1958	Broadmoor Hotel Colorado Springs	Ilene Ketchum	3 South 8th Colorado Springs
Texas	May 3-5 1958	Baker Hotel Dallas	Olga Hoover	P. O. Box 717 San Antonio

Eleventh District

So. California	April 12-15 1958	Hotel Statler Los Angeles	Mrs. Lillian Hale	4527 Alveo Road La Canada
No. California	April 19-22	Sir Francis Drake Hotel San Francisco	Dorothy Hodel	2163 108th Ave. Oakland
Nevada	June 21-25	Lake Tahoe Nevada	Sue Shaw	2305 Dune Drive Las Vegas
Hawaii	June 14-19	Honolulu, Hawaii	Jean Okamoto	1732 Skyline Drive Honolulu

Post Convention Tour 1958

Once again we have arranged a fine tour to top off your Dallas Convention next November visiting Mexico. There will be two itineraries of 12 days each, one returning to Dallas, and another returning via New Orleans which will include two days in Yucatan. A special rate has been obtained which is fully explained in folder. Get your party up now and write us for folders.

CARRICK TRAVEL BUREAU

C. W. Carrick, D.D.S. (owner)

OBERLIN, OHIO

Editorial

EACH ONE—REACH ONE

By JANET LINDENBERG, *Contributing Editor*

Some years ago the President of the Republic of Mexico, in surveying the needs of his people, concluded that of all the necessities pleading for action the one that stood out above all was the frightening percentage of illiteracy that existed in his country.

In his efforts to improve upon this obvious weakness, he instituted one of the most famous programs ever developed in the Americas; a program entitled, "Each One Teach One". In other words, each person in Mexico who could read and write was to begin immediately to teach someone who could not, and on and on. In a short time the literacy of the country went up, and this simple little plan helped in many other steps toward improvement for the people of Mexico.

Similarly, each year the leaders of the American Dental Assistants Association survey the association's activities, and consider the weakest point when formulating plans of ACTION for the year. Year after year the one that seems to plead most for action is the size of the membership. We are forced to face the facts that the number of members of our group comprises a poor percentage of the dental assistants in the United States. While there are some uncontrollable factors that enter into this, the potentialities are obvious. And it is the consensus that correction of this weakness would be the solution to many related matters, primarily the long range programs.

What have we done, and what are we doing, about this weakness? Each year various programs are put into action through the ADAA and its component societies. Each has met with some degree of success, but none has been successful enough to provide the impetus that is needed. It is no longer news that the ADAA is currently engaged in a nation wide membership drive that has the support of the American Dental Association. The drive began with the ADAA President's appearance before the 1957 ADA House of Delegates, and has been supported since by the ADA through its various media; its bureau of Public Information; its Journal and through a direct letter from ADA President, Dr. Alstadt, to the members of the ADA. At this press time the response from non-member assistants is gratifying, and the outlook is bright. Now, the full responsibility of following through on what has been started rests squarely on the shoulders of the ADAA individual members at the local and state level.

What will we do about it?

There are probably many ways this task could be approached. In my opinion, the simplest and quickest, the most direct means, is by borrowing the idea of the President of Mexico and applying it to our program. So, as ADAA Membership Committee Chairman, I am proposing a program entitled, "Each One Reach One". And this means each member must reach at least one prospective member and SUCCEED in bringing her into the ADAA. By reaching I mean not only getting her signature on a membership application blank and collecting her dues, although that is, of necessity, the first step. Reaching suggests far more to me—it means convincing her of the value of membership; creating within her genuine interest and desire to actively participate in programs at the local, state and national level. Remember, enthusiasm is contagious—"Thousands could join if they would—Thousands

would join if they could." Don't you see, if you succeed in "completely selling" one new member, as you are sold, she will become a dedicated worker who will, in turn, reach another non-member, and thus the program will snowball into something really big. This may take a little more than half hearted effort; you must be on the job at meetings, at luncheons, on the street, in your office, on holidays and during evening hours. But it will be time well spent, and success is gratifying. Doesn't this present a challenge? The essence of any organization is its members. If it is to retain vitality an organization cannot remain static, either in membership or in program. We must attend our meetings regularly, and above all, we must assist in providing programs that satisfy the appetite for knowledge of the members, and that whets the appetite of the non-member visitor. This is not an impossible task—it requires only a little thought and planning and a lot of team work. And you can gain something of value while helping others and fulfilling a duty.

Naturally, we can not force any member to get into this program, and many members will not be sufficiently interested to put forth the effort. That is why the hard core of determined, dedicated members must work a little harder to insure its success. We even realize that this editorial will not be read by all the members, and so it is to the dedicated member that we direct this appeal for ACTION. You can start NOW by calling attention to this editorial, and others that have appeared in your journal and in the various dental publications. You might even clip these and mail them to someone whom you suspect has only leafed through without reading more than the headlines. You can use the information that appears in the editorial that follows this one as a guide in a direct approach to the Doctor whose assistant is not a member. Getting to the top man is often the most effective and quickest means of accomplishing a purpose.

It is not necessary to point out to our interested members the many advantages of ADAA membership. We know you, too, are anxious to improve the standards of dental assisting, to increase the regard both the dentist and the patient has for the position we fill in the profession. We know you, too, are anxious for the day to come when we no longer need suffer the humiliation of being referred to as a group that is uneducated, untrained, inexperienced and without professional status, and when we will no longer see help wanted ads which read, "Dental Assistant Wanted; No Experience Necessary." The ADA has paved the way for us to hasten the day we have been dreaming about for much too long.

The recognition that was given to us, and our association's program, at the Workshop for Education and Certification of dental assistants, which was sponsored by the ADA Council on Dental Education and held in the ADA offices in Chicago in October 1957, is a testimony to the vital place we CAN occupy in the dental profession. Will we prove ourselves worthy of this recognition and assistance in our program, or will we sit idly and let this opportunity pass us by? The choice is yours, members. What you do about this program will be the answer.

EACH ONE REACH ONE—to insure your future in dental assisting.

DOCTOR, DOES YOUR ASSISTANT BELONG?

By LORRAINE GLAUSIER, Contributing Editor

Doctor, are you constantly in the process of training auxiliary personnel? Are you constantly search for an efficient person to make up the "other half" of the team in your office? Does it seem to you that the "other half" of your team works

only for 5 o'clock P. M. and the pay check on Saturday? If so, we believe we can offer a suggestion that will help you solve this annoying problem.

First, we must ask you some questions. Is your assistant a member of the local, state and national organizations for dental assistants? Do you include in your requirements of qualifications for employment that of membership in these organizations? Have you considered the possibility that an assistant who is willing to give some of her spare time to an organization which provides educational benefits would likely be the one who would be most interested in efficient performance of her duties in a dental office? Did you know that the American Dental Assistants Association and its component societies have an annual program which encourages and teaches its members to become proficient members of dental office teams?

True, there may be no way to definitely determine the educational value of membership in the assistant's associations. Yet, isn't it reasonable to believe that the opportunity to hear professional lectures; view clinics; read dental literature; attend Extension Study Courses and exchange ideas would offer something of educational value to her? Would this not, within itself, create more interest in her work and a desire to improve? We have within our present membership many examples providing proof to support our belief that membership in the association can do much toward eliminating the problem of "turn over" in auxiliary personnel.

We suggest that you attend a meeting of the assistants' society in your city and see and hear for yourself what it can offer your assistant. We believe you will want to take advantage of this assistance in solving an annoying and expensive problem. All you need do is encourage your assistant to seek affiliation with a group to which she really "belongs." Your encouragement of her active participation in this program will inspire her to more efficient performance as a part of your team. She will know that she really "belongs" to the profession she is serving, and your task of educating her in your methods and techniques will be an easier one.

No "VIEWS"—but a MESSAGE from your EDITOR

OLIVE STEINBECK

Believe me—we had NEWS for this issue! As the date drew near for news contributions to reach me, the response was not too good—BUT—suddenly I was bombarded with such fine news reports coming from all directions! I hope you will miss us this issue and will look forward to reading the "VIEWS" in the May-June issue. Too, I hope all members will realize the importance of the information contained in the pages which replace us and utilize this material to the fullest extent.

Our thoughtful Editor-in-Chief, Violet Crowley, extended me this opportunity to reach those of you who are contributors at present and those who might be in the future, with information and sug-

gestions. Too, it may help all members to understand why some news which is sent for publication is omitted. Like in everything else that we do, we must conform to certain specified requirements.

1. ALL news to be published must be mailed to reach me by the 15th of January, March, May, July, September, and November. News reaching me by this date on the months specified will be published in the following issue of the Dental Assistant—news received after this date will be published in the next issue, providing it is not out-dated. REMEMBER TO SEND YOUR NEWS ON THE DATE SPECIFIED.
2. It would be appreciated if your ma-

terial is typed, double-spaced. However, if not typed—it will still be acceptable.

3. Because of space, we must limit the type of news acceptable for publication. Report your educational activities; meetings, with names of speakers and their topics; activities in civic affairs; membership drives; new societies: outstanding achievements of members, etc. In reporting Extension Study Courses, Certification examinations, those taking and those passing, Capping Ceremonies—PLEASE OMIT listing of names—likewise, listing of names of those attending meetings with the exception of special visitors. OMIT ALL SOCIAL ACTIVITIES—please—it isn't that we don't want to publish this material—we haven't the space!
4. Bulletins and Programs are NOT acceptable for NEWS REPORTS—they are fine and I do enjoy getting and reading them—but if all were to send these as news reports it would take considerable time for your Editor to 'comb' through each of these for NEWS acceptable for publication—remember, I have a deadline to meet, too!
5. A suggestion—at the present time we have as many as six reporting from one state alone—in some instances we also have state reporters, with

others within the state reporting news locally, also—this makes for a great number sending news reports and also requesting information. Too, it is quite difficult for the Editor to keep in close contact with all of these persons. It is my suggestion (and this meets with the approval of Editor Crowley) that either District Reporters be appointed by the Trustees of each District or State Reporters by the State Presidents—this, I feel would make for a better coverage of news for "VIEWS" and at the same time permit the Editor to work more closely with those who are serving as Reporters. In instances where District Reporters have been appointed, it has proven successful. This is a suggestion, only—but your consideration will be appreciated.

6. Your comments and criticisms are acceptable, too! Remember—I am only editing the news sent me, observing the requirements for this section of the Dental Assistant. It is YOUR section to report YOUR activities—and it is my feeling that your comments, etc., will make for a better "VIEWS OF THE NEWS"!

I am looking forward to your future news reports—if there are questions—please write me.

See ya next issue—with NEWS!

STATE CERTIFICATION EXAMINATIONS

The Ohio Dental Assistants Association will hold an examination for Certification May 3, 1958 at the Miller Laboratory, Springfield, Ohio.

Anna Carey, Secretary OSDAA
1331 Market Street, Lima, Ohio

The South Dakota Dental Assistants Association will hold an examination for Certification May 3, 1958 at the Arnold Carlson Dental Laboratory, Sioux Falls, So. Dakota.

Audrey Javurek, Chairman
Education Committee SDDAA
1509 S. Wayland, Sioux Falls, S. Dakota

Statement of J. A. S. Relief Fund For 1957

Alabama	\$ 42.50	Missouri	\$ 13.00
Arizona	26.43	Nebraska	20.00
North California	16.00	New Hampshire	8.00
South California	132.78	New Jersey	20.00
Colorado	25.00	New Mexico	7.05
Connecticut	44.25	New York	36.00
District Columbia	5.00	North Carolina	16.00
Florida	40.00	Ohio	149.52
Hawaii	24.00	Oklahoma	30.00
Idaho	4.00	Oregon	45.00
Illinois	45.00	Pennsylvania	120.00
Indiana	81.00	Rhode Island	10.00
Kansas	30.00	South Carolina	25.00
Kentucky	10.00	Tennessee	29.00
Louisiana	15.00	Texas	30.55
Maryland	5.00	Virginia	17.00
Massachusetts	34.00	Washington	34.93
Michigan	114.38	West Virginia	18.35
Minnesota	6.90	Wisconsin	10.00
Mississippi	30.00	Total	\$1370.64

Cash on deposit January 1, 1957	\$4470.56		
Donations during 1957	1370.64		
Interest earned on time deposit	93.52		
U. S. Treasury Bond redeemed	1000.00		
	<u>\$6934.72</u>		\$ 6834.72
Relief Grants	250.00		250.00
			<u>\$ 6684.72</u>

Cash on deposit Dec. 31, 1957 General Fund	\$5684.72
Cash on deposit Dec. 31, 1957 Revolving Fund	<u>1000.00</u>
	\$6684.72

U. S. Saving Bond

Current Redemption Value	7419.50	7419.50
Balance, December 31, 1957		<u>\$14104.22</u>

Eugenia Uttech, Chairman

ATTENTION—ALL MEMBERS—On the following pages, 17 through 50, we present 6 of the resource papers which were given at the Workshop for Education and Certification of Dental Assistants, October 2-4, 1957.

The information contained therein provides our readers an insight into this program in behalf of dental assisting, which is sponsored by the Council on Dental Education of the American Dental Association. Please read them thoroughly.

"RELATIONSHIP OF EDUCATIONAL STANDARDS TO A CERTIFICATION PROGRAM FOR DENTAL ASSISTANTS"

by DR. SHAILER PETERSON, Secretary
Council on Dental Education

Introduction. You have heard one paper this morning by Mrs. Hadley, which explained very well the work and effort put forth by the American Dental Assistants Association through its Committee on Education to develop sound standards of education for girls wishing to make dental assisting a career. You have also heard a paper prepared by Miss Donohue and Miss Brett that explained very well the successful efforts of the American Dental Assistants Certification Board. Both papers have made it very clear that the dental assistants have accomplished a great deal through their national organization to provide both educational programs and educational experience for their members. They have also developed an ambitious program to provide both the dental assistants and the dental profession a means of recognizing those members who are particularly accomplished and skillful. Both papers have also indicated that there is a relationship between educational programs and certification programs.

In the time allotted to me for this presentation, I should like to elaborate upon this relationship between education and certification.

Directives from American Dental Association. Reference has already been made in Dr. Laughlin's paper to the fact that the Council on Dental Education was requested by the Board of Trustees and also by the House of Delegates of the American Dental Association to study the possibilities of designing a program for the certification of dental assistants and dental laboratory technicians. Considerable progress has been made in developing a program for the certification of dental laboratory technicians. This proposed program will be presented to the House of Delegates of the American Dental Association in Miami Beach early in

November. The program was designed after a careful study of the field of dental laboratory technology and understandably, is it not entirely analogous to a program that might be suggested for the dental assistants. However, we believe that you will be interested in many of the problems considered during the development of that program and probably also in the final plan that evolved. I feel sure that many of the basic conclusions reached by the Council in that study are applicable to any program which would be developed for the certification of dental assistants and for their educational programs.

Problems involved in studying certification. In studying a problem such as certification, one must first understand the purpose and meaning of certification. Next, one must decide whether certification is needed and desirable.

Certification does not have the same meaning or significance as a college degree or a school diploma. Certification does not have the same meaning as a citation, for length of service or for meritorious service. Certification does provide special recognition to an individual and vouches for the fact that this individual has demonstrated, or is able to demonstrate, certain specified skills and abilities and also has been able to demonstrate an acquisition of certain specified knowledge.

With the foregoing definition or explanation of "certification" it is clear that it would certainly be possible to provide certificates to dental assistants or to dental laboratory technicians if they were based upon individual competence. To determine whether the certificates are needed or desirable, we need only to ask ourselves what purpose or function they would serve.

A certificate in dental assisting could

attest to the competence of the individual to serve the dentist. Therefore, it would be helpful to the dentist, for he would be able to seek for employment those whose competence had already been evaluated. Furthermore, he would be able to determine whether the dental assistant in his employ was competent, as measured by national standards of proficiency, merely by requesting that she apply for certification. Certification would also be a means whereby an individual dental assistant could determine whether she is competent by national standards. By analyzing her own weaknesses she could determine what training or experience she should seek in order to permit her to meet the standards established on a national basis.

Certification also has a function both in organized dentistry and in organized dental assisting. It can provide an index of the types of competence the dental profession can reasonably expect from the dental assistants. Also, the dental profession can determine whether the standards for dental assisting are being raised through the years by reviewing the changes taking place in the requirements. Similarly, the dental assistants as a group can study the progress being made by their entire group, thereby enabling them to guide the growth in service and assistance they are able to give to the dentists as members of the dental health team.

It is easy to conclude that there is a need for certification if it is properly patterned and if the requirements for certification are sound. If the certification program is not properly designed and if its standards are improperly chosen, such a certification plan could be a detriment and could lead to a regression in standards and in dental service. For example, if the standards for a certificate are low or if they are defined poorly or inadequately, one will discover that many individuals who lack competence will nevertheless be able to acquire certificates. In such an instance, the pro-

fession would have no confidence in the certificate and the dental assistants with proven competence would probably have little or no ambition to acquire a certificate.

Defining the function of auxiliary personnel. The first requirement in developing a certification program is to develop a definition of the individual to be certified. In the case of the dental assistant and the dental laboratory technician, it is not sufficient to say "this individual is an auxiliary aid to the dentist" or that "this individual is a member of the dental health team". Auxiliary dental personnel can be defined most accurately by specifying the function of the individual in the dental office or in the dental laboratory.

In case of the dental laboratory technician, many conferences were required before a satisfactory definition or listing of functions was developed. In that case, it was decided that it would not be possible to define one typical "dental laboratory technician". Instead it was agreed that there were several different kinds of technicians and hence several different sets of definitions or sets of functions needed to be developed. Finally it was agreed that the functions of four different kinds of dental laboratory technicians could be described and when this was decided upon, considerable time was required to list in detail the various skills and abilities which each of these kinds of technicians might rightfully be expected to possess.

At this workshop you will also be expected to arrive at some conclusions relative to your description of a dental assistant. You will accomplish this by defining her functions. Unless you recognize her functions, you will be unable to agree upon what skills and knowledge you should expect her to possess. Without knowing the skills and abilities that you expect of her, you would hardly be able to determine what the requirements should be for one who is to be eligible to receive a certificate.

Certification of auxiliary personnel.

The program of certification that has been designated by the Council for the dental laboratory technicians begins logically with the definition or explanation of the functions of the dental laboratory technicians. In that case, four different definitions have been included, namely, (1) generalist in dental laboratory technology, (2) full denture technician, (3) partial denture technician, and 4) crown and bridge technician.

The program for certifying dental laboratory technicians has been designed so that the competence of the individual is evaluated through the administration of a comprehensive testing program. Everyone who earns a certificate must have demonstrated a prescribed level of competence through the testing program irrespective of whether he has acquired his knowledge and skill by formal training, preceptorship training, apprenticeship training or private study. It is important to note that the certificate is truly a label or award for competence and does not depend upon the method whereby the individual has obtained this competence. Because of this, the certification program may be considered as separate from any formal education program. As I shall indicate later, this does not mean that certification and education are either independent or unrelated.

Educational programs for auxiliary personnel. If the dental profession and if organized dental assisting are interested in a program for certifying qualified dental assistants, then it follows that both groups will be concerned with the problem of educating the dental assistant. First of all, consideration must be given to whether or not there should be programs of a formal type which would help to provide, if not fully provide, a girl with the competence that will be required of her by her future employer, the dentist. This is tantamount to saying that one needs to decide whether there should be formal programs for providing the education and experience needed to

help the girl pass the examinations which in turn are required of her if she is to earn a certificate. Secondly, consideration should be given to the possible need for educational programs which would serve the practicing dental assistant. These would enable her to increase her knowledge and her experience and thereby make her more valuable to her employer, the dentist. In other words, is it desirable to make some provision for refresher or continuation courses?

Basic need for formal education programs. Determining whether or not there shall be formal courses is not a simple procedure. In the first place, most dental assistants in the past have been given their training and experience in a dental office by their employers. Many realize that this is an expensive procedure in terms of the dentist's time. On the other hand, there are some dentists who still claim that dental assistants can be educated best in a dental office by their employers. There are many who believe that even if the dentist wants to provide some training relating to his own special procedures that he would probably welcome the opportunity to train a girl who already has received some basic training and some practical experience before coming to this office. The fact is borne out in the survey results to be reported in a paper by Mr. Sullens.

It should be obvious that one does not develop national standards for new educational programs merely because they appear to a few individuals to be needed. New programs should be encouraged and standards for these new programs developed when a large segment of the profession agrees that they are needed on a national scale.

Practical need for formal education program. The second consideration that needs to be given to the necessity of a formal education program results from a practical analysis of the type of course or curriculum which seems to be evolving. Realistically, some vocations require skills which do not lend themselves to

formal education programs; and some vocations that now demand and justify formal education programs have not always had well defined objectives and hence have not always been able to justify the need for formal education programs. Even the professions have progressed through a long period of growth from the time when no formal education programs existed until today when all of the professions have elaborate programs to meet the needs of the individuals and thereby provide the individual with an opportunity to acquire the specific skills required in his profession.

Before one can make any study of an educational program one must define the needs of the program; and this can only be done by defining the function of the dental assistant. Consequently, it is logical that the need for a certification program and the delineation of the dental assistant's functions should be undertaken before one can proceed very far with any plans for an educational program. It is conceivable that, in the case of some lists of skills and competencies, one might arrive at a few items that do not seem to lend themselves to inclusion in a formal education program. To cite an absurd example, if it had been found that a dental laboratory technician needed to possess only two or three mechanical abilities, and if it had been found that in executing his work he repeated these over and over again, it certainly would be apparent that one need not set up a formal education program to achieve these simple goals. Similarly, if it had been found that all dental assistants needed only to know how to answer a telephone, again one probably would conclude that a formal education program is not needed to acquire that skill. If it had been found that dental laboratory technicians and dental assistants needed no more knowledge and no more skill than the average student graduating from high school but only needed to apply it differently in a dental office than in some

other line of work, again it would seem logical that one would not set up an elaborate education program but instead one would probably suggest that each dentist orient his own employee to his own office procedures.

The foregoing comments should not discourage anyone in regard to the development of plans for delineating the functions of the dental assistant or plans for formal education programs. Rather, the precautions are expressed in the belief that in your study of the functions of a dental assistant you may find some skills which will not need to be a part of a formal education program and, on the other hand, it is expected that you will be able to itemize many skills and many areas of knowledge which would lend themselves to a formal education program. In other words, not all skills need to be given to a school as its responsibility.

Through our study, and as a result of many conferences, we have discovered that the dental laboratory technician has many functions involving a great many skills. While many of these skills are manual or mechanical, we also believe that an individual renders a better service and receives more satisfaction from his own accomplishments if he understands what he is doing and why. Therefore, some background education is included in the pattern of studies designed for the dental laboratory technician. Similarly, it would be possible for a dental assistant to memorize the names and the numbers of all of the instruments her dentist employer will use for an operation, or perhaps memorize the colors of the handles of the instruments used for different operations. However, many individuals are of the opinion that it would be advisable for her to know just how important these instruments are to the dentist. If she can watch him operate and anticipate his needs during an operation, she will be a more efficient individual. She can understand his work and understand

her role in the dental office better if she has some background information; and most people will agree that this can be supplied more efficiently through formal instruction than by watching the dentist operate.

Similarly, this workshop group will probably agree that the dental assistant should possess a good understanding of the responsibilities of the dentist, that she should know something of the ethical standards of the profession, and that she should know something about her relationship to the other auxiliary personnel who are members of the dental health team. This knowledge and understanding certainly lends itself to formal classroom instruction and it is so important that the acquisition of this knowledge should not be left to mere chance or to casual mention within the dental office. Therefore, in delineating the skills and the knowledge the dental assistant must have, one must not limit her education purely to mechanical or manual operations. An understanding and appreciation of the health profession of which she is a part forms an important background for her work and should help to guarantee that the dental assistant will be a credit to the dental profession. A review of the curriculum planned for the dental laboratory technician will show that strong emphasis has been placed on providing the dental laboratory technician with an understanding of his responsibilities and those of the dentist.

Multiple or complex programs. When the example is given that the dental laboratory technician has been defined in four different categories, it should not imply that this should necessarily be a pattern for either the dental assistant's certification program or for their educational programs. As a matter of fact, the first officially recognized educational program for dental laboratory technicians was for a type of "generalist" i.e., one who was prepared in all areas but without specialized training or experience in any

single area. This workshop group may decide that a "generalized" type of dental assistant can have her functions and responsibilities defined and her various skills delineated. When so described this would lead to the creation of one type of certificate and would also lead to the development of one basic educational program. One must realize too that these programs need not be static or fixed. As recognition is given to this area of dental assisting, the time may soon come when there may be a need for two kinds of dental assisting, each of which may need and demand its own curriculum of studies. Concurrently would come the creation of two kinds of certificates.

Proposed educational program for dental laboratory technicians. It may be of interest to this workshop group to know something about the pattern of educational experiences planned for the dental laboratory technician. Some of these conclusions may be useful when the time comes for this group to consider the means by which the dental assistant will acquire the skills and knowledge demanded of her.

The four different educational programs for the four different kinds of dental laboratory technician are approximately two years in length. Actually, the first part of the course is one academic year in length, i.e., about eight or nine months. It is conducted in an educational institution such as a vocational school, junior college or dental school. Actually, this first part is essentially a basic course and is about the same for the four different kinds of technician programs. The second, or last, part of the program is a combination of education and experience with major emphasis on experiences received under supervision. This is a 12-month program, although some agencies may elect to spread the work over a slightly longer period since the second year in most cases will be conducted as an on-the-job training program with the technician being employed as he works.

This second part of the program normally will be conducted in a dental laboratory with the student employed on a part-time basis by the laboratory.

This plan of education, which combines the advantages and the opportunities of education in an institution with practical experience in a laboratory, may be one that might be adopted for dental assisting. One might envision a period of instruction in an educational institution plus an additional period of instruction with the dental assistant working under the supervision in a dental clinic or a dental office.

Copies of the two sets of requirements developed by the Council for submission to the House of Delegates of the Association are included in the folder of materials for the workshop.

Neither of these sets of requirements is official until it has received the endorsement of the Association's House of Delegates. The "Requirements for the Approval of Educational Programs for Dental Laboratory Technicians" were prepared with two things in mind. First, the document would be used by institutions that wish to plan educational programs which will meet the requirements of the Association and hence be eligible for accreditation by the Association. Such educational programs, as indicated in the document, would be visited and evaluated by representatives of the Council.

The second document, "Requirements for the Approval of a Certification Board for Dental Laboratory Technicians," refers to certification. It is interesting to note that these are standards not for the certification of individuals but instead a set of requirements that must be met by the certifying agency, which in the case of dental assisting would presumably be an agency of the American Dental Assistants Association. These requirements establish "ground rules" for the conduct of a certifying agency and permit that agency to conduct its certification of individuals under certain specified

procedures and utilizing for its standards the basic educational objectives that are delineated in the requirements for the educational programs, which have already been described previously.

Conclusion. In your deliberations at this workshop, you will actually be defining the dental assistant by enumerating her functions as a member of the dental health team. This listing of functions will lead to a detailed list of the specific knowledge and skills which you believe a dental assistant must possess to be eligible for certification. The same list of knowledge and skills will aid you in determining whether you believe there is a need for a formal educational program. If you agree that there is such a need, you will also be developing the content which must be included in the courses of study and the period of experience. You may also be able to give some advice as to the amount of time which you believe may be required to provide this education and basic experience.

The recommendations made by the workshop groups and those agreed upon by the entire group when it reassembles will be studied by the Council on Dental Education and its Committee on Dental Assisting. It is likely that your conclusions will lead the Council to decisions which in turn will result in the development of requirements for dental assisting. This pattern may be similar in some respects to those which have been developed for the dental laboratory technician. Even in the event that this next step in developing requirements and standards takes a bit of time, you can be assured that the results of this workshop and the opinions of the Council will be relayed to the educational institutions interested in providing an education for dental assistants. Some of the schools may make valuable use of these findings even prior to the actual development and formal adoption of any requirements because we know that many have expressed

their desire to have information of this kind available.

In other words, there may be some deans of dental schools and directors of other institutions who may wish to make some use of the concepts discussed at this workshop. Caution must be emphasized that no one use the material from the workshop with the notion that these concepts have been adopted by any official agency. Both the dental profession and organized dental assisting are well

aware that the Council on Dental Education is giving consideration to the problem and that this workshop is being held. Many of those in attendance at this workshop may be called upon by various groups to report on the meeting. It should be obvious that no reports should be released by any of those in attendance until an official release has been prepared and distributed to you.

This is not a closed meeting and we are as anxious as all of you to have both

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the dental profession and organized dental assisting informed of whatever progress is made here. However, we are concerned that no one obtains any incorrect impressions which in turn cause them to misunderstand what this workshop is attempting to accomplish. Certification programs and educational programs may appear to be logical and very sensible to those who have benefitted from all of the background of experience received from this workshop. The soundness of a program or even the need for it may not be equally obvious to some who have not had the benefit of these discussions.

The dental assistants have a tremendous responsibility through their Association, their committees, their various agencies and their Journal, to explain to their own members their functions as members of the dental health team. The dental profession needs also to be alerted to the competencies that they may expect of the dental assistant, as well as of the dental hygienist and the dental laboratory technician. It is certainly hoped that this workshop will accomplish one major thing, even if it does nothing more, and that is to delineate what the functions of the dental assistant are. This is valu-

able information that needs to be distributed eventually to all members of the auxiliary personnel and to the dental profession. Actually, this type of information is needed for distribution long before any announcements should be made regarding the character of a certification program or the mechanism by which dental assistants can and should be educated.

The purpose of this paper has been to tell you something about the thinking and the planning that has gone into the development of a program proposed by the Council for certifying and educating the dental laboratory technician. The purpose also has been to draw your attention to the relationships between certification and education as they affect dental assisting. This information together with the data supplied by the other papers presented at this workshop should give the groups some background information with which to discuss 1) the function of the dental assistant, (2) the basis upon which the dental assistant should be given certification, and (3) the methods by which the dental assistant may be given an opportunity for formal education.

"A PROJECTION OF THE FUNCTION OF THE DENTAL ASSISTANT IN MEETING THE DENTAL MANPOWER NEEDS OF THE FUTURE"

by DR. RUDOLPH H. FRIEDRICH, Secretary
Council on Dental Health

As I interpret my assignment for this conference, it is to discuss developments in dental practice as they relate to the responsibilities which the profession has accepted for itself and to the increased demand for dental care which an enlightened public can be expected to take in the future. From this background, I shall discuss the vital role which the dental assistant can and must play in making

more and more dental care available to more and more people.

Article II of the *Constitution* of the American Dental Association states "The object of this Association shall be to encourage the improvement of the health of the public and to promote the art and science of dentistry." It is interesting to note that the health of the public receives primary attention.

In the historic development of the dental profession and dental practice, primary attention seems to have been given to the art and science of dentistry as a personal health service, to the point where the individual who seeks dental care has available to him a full scope of highly developed professional and technical skills. When one considers that the period of 10 decades in which dentistry underwent its greatest development was the era in which this country underwent a transition from a rural economy to one based on industrialization, one can readily understand the change from emphasis on the individual—as a patient and as a member of a community—to emphasis on the group. There was likewise a shift from the individual to the collective approach to problems related to dental care. While the profession's responsibility or obligation to the patient has remained the same in both the rural and industrial periods, the circumstances under which the obligation is rendered has changed. Dentistry has now to adapt the proper sociologic, economic and technologic developments to its acknowledged capacity for rendering a high standard of health care. Whereas, in the earlier days the provision of health care was almost entirely an individual arrangement between the dentist and the patient, the developing relationship between patients as a group and dentists as a group must receive increasing consideration in the solution of the problem of distributing dental care in this country.

It is safe to predict a sharp rise in the demand for dental care in the near future. The Association's Bureau of Economic Research and Statistics states: ⁽¹⁾

Between 1957 and 1975 about one-nineteenth will be added to the age of this country. During that same 18-year period, at least one-fourth and possibly more than one-third will be added to the population of this country. ⁽¹⁾ For the sake of discussion, a reasonable assumption ap-

pears to be that the population will increase by one-third between now and 1975. In number of people this amounts to about 57 million, which is equivalent to the growth that has taken place since 1924. In other words, it is expected that the population growth that will occur in the next 18 years will equal that of the last 33 years.

In discussing the future increase in dentists, the Bureau states, ⁽¹⁾

Since the number of graduates through 1960 is already fixed, it is of interest to study the number of graduates required in years after 1960 in order to restore the population-dentists ratio to 1,886 by 1975. Under the highest population projection (228.5 million persons in 1975), it would be necessary to increase the number of graduates by 125 each year after 1960 to achieve a ratio of 1,886 by 1975. Under the next highest projection (221.5 million in 1975), an annual increase of 94 would be needed. Under the third highest (214.6 million in 1975), an annual increase of 63 would be required. It would appear, therefore, that to restore the present ratio in 1975, it will be necessary to create more than two new schools per year, or the equivalent in expansion of present schools. If this seems like an excessive increase in number of schools, it is because of the "geometric progression"—the law of population growth. It is just not realistic to expect that the amount of expansion required in the future will be no greater than the amount required in the past.

It is also evident that the public not only accepts but enjoys the benefits of its group purchasing power, particularly in the field of health services. The rapid development of health insurance, Blue Shield and Blue Cross plans, activities of union-management health and welfare

funds and budget payment plans for health care attest to this public interest. There is every reason to expect that the application of the group principle to the purchase of dental care in the development of improved methods for meeting the costs of health care will receive the same grateful attention of the public in the future. On the basis of the foregoing, I repeat my prediction that there will be a marked increase in the demand for dental care, with the added prediction that there will not be a corresponding increase in the number of dentists to render that care. In the words of the management engineer, "The dental profession is not faced with a problem of sales but with problems of production and financing."

The "do it yourself" philosophy which has brought the practice of dentistry to its present state of development must now give way to a planned program for bringing all of the specialized resources of business administration, production technology and production efficiency to bear on the problems of dental practice.

Studies already have been made to determine what can be done to limit the activity of the dentist to his purely professional function of rendering dental care. The Richmond-Woonsocket studies⁽²⁾ conducted through a cooperative effort of public health dentists at all levels have demonstrated, both to the dentist and the larger volume of patients they were able to care for, the advantages of methods which would permit such limitation. These studies indicate very clearly that the dentist can produce much more dental care to many more people with considerably less drain on his physical and nervous energies when he is supported by sufficient, well-trained auxiliary personnel.

These initial studies should be extended to include sound time and motion studies on the function of a dental office, necessary operating equipment and dental office personnel. Other studies must be

made of the business operation of the dental office, including the legal and business arrangements under which groups of dentists can conduct more comprehensive and efficient practices.

When the dental office is considered as a community resource for the distribution of dental care, it becomes apparent that a great deal can be done to increase its efficiency and to provide for its continuity of function. The present system under which new graduates establish new dental offices and develop new practices with relatively low productivity during the development period results in economic waste to the public and the dentist. Such waste could be avoided if established group practices were available to absorb the new graduates and make their professional skills immediately available to an established clientele of patients.

There is already a trend toward the development of group dental practice in many different forms. This trend is hampered by a general lack of specific information and knowledge of business principles which would assist in overcoming the traditional reluctance of the dentist to forego the complete but expensive freedom of a solo practice for the demonstrated advantages of a group effort supported by an efficient and well-trained ancillary team. Group practices which have been developed and are functioning successfully provide some definite indications of the dental practice of the future.

Architectural knowledge, skill and imagination are being added to the known professional requirements of the dental office. The operating room of the office already is being designed on the basis of function. It is being separated from the service area where the duties of the general service assistant can be performed without interfering with the specific function of rendering dental care. The business office is being located and designed according to its function and to

the need for its separation from the operating area.

Some of the trends in office design are already clear. The dental operating room will be smaller. Its equipment will be simpler and functional in design and will be limited to the actual operating needs of the dentist and his operating assistant. Both will be seated within arm's reach of all essential instruments, materials and operating equipment. They will require multiple operating rooms which will be serviced by a central service assistant working out of a central services area. There is evidence that the trend will be toward open operating bays and less complete walling off of rooms to allow a better flow of traffic and to provide a more attractive environment for patients and operating personnel.

There will be a trend toward the expansion of prosthetic laboratory facilities in the future dental office, particularly in group practices, in order to maintain close professional control over those functions and decisions which can be effected best in the presence of the patient. In prosthetic fabrication, there will be greater separation of the purely mechanical phases from those which require professional judgment and determination. The commercial laboratory of the future will perform those functions which are completely mechanical in nature and can be standardized through the maximum use of technological controls.

The Council on Dental Health of the American Dental Association is presently developing a project to study the design of the dental office in relation to its most efficient function. This project will include architectural studies of such factors as arrangement of areas of the office in relation to function, patient flow and space requirements. Time and motion studies will be designed to determine how to relieve the dentist of the maximum of nonprofessional responsibilities and how to develop methods and technics

which will allow him to perform the maximum of dental care with the minimal expenditure of physical energy. These studies will be designed also to determine the most effective use of auxiliary personnel.

Additional studies will be conducted to determine the most efficient system of business and professional record-keeping for the dental office as well as the most efficient application of sound business principles to the dental practice. The latter might well include the application of cost accounting to fee determination.

The present trend toward group practice makes it essential that the Council project include a full study not only of the physical arrangement of the dental office and the legal and business factors but the psychological problems involved in the team function of dentists and auxiliary personnel working in a close relationship. It is particularly important that such a grouping of separate skills for the sake of efficiency does not interfere with the consideration of the individual welfare of the patient.

The details of such a project as that being undertaken by the Council on Dental Health make it clear that all of the resources of architecture, industrial design, law, business administration, psychology and sociology must be joined with those of dentistry if the profession is to produce accurate and dependable information. It is no "do it yourself" project for the dental profession to undertake through volunteer effort. Such a project will require adequate financing, and the necessary financial support must be sought.

A trend of particular significance is that toward the development of health programs for persons with mental and chronic illnesses and the expansion of hospital facilities for the care of such patients. The trend is being accompanied by a growing recognition of the need for complete dental departments in hospitals of all types. There will be an in-

creasing demand for dental equipment to meet the needs of the hospitalized patient and the limitations of his physical and mental conditions. More and more dental care will be performed under general anesthesia or varying stages of sedation. More and more dental care will be rendered in conjunction with and related to the general health care of the patient. Dental care provided during periods of hospitalization for general health care will allow for the maximum health benefits to be derived from such hospitalization and provide a greater return to the patient for his time and money.

Chronic illness programs must provide for the homebound patient who does not require hospitalization but who requires dental care. Here again, there will be a need for new technics and portable equipment which are simple but efficient.

In the expanded development of dental practice, either in the solo practice or the group practice, auxiliary dental personnel will continue to assume an increasingly important role. The proper utilization and management of such auxiliary personnel will require that the dentist develop knowledge and proficiencies beyond the specific professional and technical skills related to the dental care of the patient.

A study of the operating team of the dentist and his auxiliary personnel indicates that the first requirement is for an operating assistant who can help maintain the flow of operating instruments and materials without diverting the attention of the operator from his primary function. The Richmond-Woonsocket studies ⁽²⁾ give ample proof of the fact that the support of well-trained operating assistants will allow the dentist to render more dental care to more people in significant volume with less effort and with a measurable saving of nervous and physical energies. It is also apparent from these studies that the increased volume of care can result in a decrease in unit cost of care to the patient and an increasing net return to the dentist.

The value of a dental assistant to the efficient and comfortable operation of the dental practice is finding greater acceptance among dentists as indicated by the studies which have been conducted by the Association's Bureau of Economic Research and Statistics. The Bureau reports ⁽¹⁾ "In 1952, the number of full-time assistants was about 45,000 and the number of secretaries and receptionists was 11,600, for a total of 56,600. The latest survey indicates 62,000 dental assistants and 10,900 secretaries and receptionists in 1955, for a total of 72,900. This increase of 16,300 or 29 per cent in only three years helps to account for the increase in number of patients reported by dentists."

In its report of the 1956 survey of dental practice, the Bureau indicates that "The typical dentist with only one chair and no employees earned \$7,494 in 1955, compared to \$18,221 for dentists with three chairs and two assistants... As the number of employees increases expenses, as a per cent of gross income, also increase. Gross income increases so much, however, that despite the higher expense ratio net income also increases."

In closing, I should like to summarize some of the problems which seem to be inherent in expanding the proper utilization of dental assistants in the dental practice to the end that the dentist can increase the availability of dental care to the public and the personal fulfillment he receives from the practice:

1. Education and training of the dentist in the business and management aspect of the expanded dental practice as they relate to
 - a. The understanding of fixed overhead costs as an investment which should produce a return in increased net income
 - b. The administrative responsibilities and practices which he will have to assume in order to reap the benefits of an efficient, properly staffed practice

- c. The understanding of personnel relations and of the personal fulfillment of job satisfaction and financial remuneration which motivate the employee
 - d. The development of a career pattern for the dental assistant in order to assure maximum stability and efficiency of the office staff with a minimum of employee turnover.
2. Development of education programs to produce dental assistants who
 - a. Can assume their duties and responsibilities in the dental practice with a minimum of further training except that which is necessary to adapt the individual to the particular characteristics of the practice
 - b. Will be sufficient in number to meet the demand and offset the turnover caused by the biologic characteristics of the work force.
 3. Conduct of studies and compilation of data on
 - a. Present utilization and need for dental assistants by states and by regions within states
 - b. Utilization of existing educational facilities for training of dental assistants
 - c. Length of time the new young assistant will be available to the work force and number of older women who return to the work force as the result of economic necessity
 - d. Realistic job specifications for dental assistants in the several arrangements of dental practice—for example; the one-assistant office with one chair; the multiple-assistant office with one dentist and multiple chairs; the various arrangements of group dental practice.
 4. Development of recruitment pro-

grams in the high schools in order to attract young women to the career of a dental assistant

5. Investigation of the possibility of establishing registries for dental assistants in order to make the best possible use of part-time availability of trained assistants to assure the dentist of assistance in times of emergency conditions in his regular staff and to provide him with a source of well trained replacements for his normal personnel turnover. It may be possible to make this service an added feature of existing nurses' registries.

There can be little doubt that sound practice administration will be a major factor in creating a wider distribution of dental care to the public. The need for more information on practice administration and the development of principles for its proper application provides a challenge to the dental educator, the practicing dentist, the public health dentist and the organized dental profession.

The application of sound principles of practice administration will go a long way in keeping the management of the profession in the hands of the profession with the assurance that the public will receive the highest standards of dental care within its ability to meet the costs of the care. The profession will also be assured of adequate return in the satisfaction of service to the community and in a very reasonable requirement of economic and social status.

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"PRESENTATION AND EXPLANATION OF THE FINDINGS FROM THE SURVEY OF KNOWLEDGE AND ABILITIES NEEDED BY THE DENTAL ASSISTANT"

by MR. REGINALD H. SULLENS, Associate Secretary

Council on Dental Education

Revised November 1957

Even a casual acquaintance with educators is sufficient to support the observation that there is very little on which they will agree, either in philosophy or in procedure. There are differences in theories on how the human mind learns; disagreements on the most effective ways to teach; disputes on the relative merits of certain courses of study and the contributions which they make to the education of individuals. On one fundamental, however, there can be no division of opinion—for it is as basic to any educational effort as is air to survival. Regardless of the course being taught, regardless of the methods of instruction being used, regardless of any of the many other variables that exist, it is essential that there be a statement or an understanding of the objectives of the educational program. There are some who believe that the objectives of a course can and perhaps should be determined by the instructor without particular concern for the opinions of the students who are to participate in the program. There are others who believe that the content of the program should be generated by the students themselves without any real concern for the experience that others have had, with the notion that everything will, in the final analysis, work out all right. Irrespective of the position that is taken on the best method of determining and stating the objectives of instruction, it is generally conceded that the objectives are the foundation upon which training must be built.

It was thus apparent during the very earliest stages of discussion of educational standards for dental assisting that infor-

mation would be needed to answer the question "Just exactly what is it that the dental assistant needs to know and to be able to do in order to serve most effectively in the dental office?". On the face of it, it would seem that the answer to this question should be very simple. Surely it should be possible for a group of dentists, dental assistants, and educators to sit down and prepare a list that would supply most of the important details needed to answer the question. To a certain extent, this would undoubtedly have been possible, but a doubt persisted as to whether or not such a listing would be a sufficiently accurate reflection of the real needs of the dental profession to serve as the framework for planning national educational requirements for the training of dental assistants.

It was agreed at the meeting of the Steering Committee in February, 1957 that a concentrated effort should be made to bring together for the first time, insofar as is known, the "grass roots" opinions of dentistry and dental assisting to serve as a guide for the future development of a lasting and efficient structure of education for the dental assistant. It was recognized that this would be a difficult and time-consuming job requiring the cooperation of many persons, but it appeared to be the most effective way to be certain that the study of the educational needs of the dental assistant truly began at the beginning.

The results of the survey that was conceived and developed through the very substantial efforts of members of the Steering Committee have been most gratifying. You will have many occasions

to refer to the results of this survey during the next two days, so I do not plan to comment in detail on them now, but I would like to acquaint you with the general procedure that was followed in conducting the survey, with some suggestions on the ways in which the findings may be used, and with some of the major findings.

SURVEY PROCEDURE

Although nearly all members of the Steering Committee participated in the planning and design of the survey, the major efforts were assigned to a smaller group. The time and effort that these persons put into the preparation of the survey form deserves much more than mention in this paper but, until they are better compensated, I would like to acknowledge publicly the invaluable aid given to this project by Drs. Brauer, Demeritt and Knudtson of the University of North Carolina, Miss Margaret Swanson, Executive Secretary of the American Dental Hygienists' Association, and Miss Helen Constable, Mrs. Sadie Hadley, Miss Lois Kryger of the American Dental Assistants Association. These persons contributed the materials which were used by the Council to develop the check list used in the survey and served with patience and perseverance through several revisions of the survey form.

In the meantime, while the items for the check list were being compiled, arrangements were being made to select the survey population to be used. From previous surveys of the dental profession, it was known that only about 60 per cent of the practicing dentists employ dental assistants and that normally only about 15 to 20 per cent of a random sample of dentists respond to survey questionnaires. Thus, it appeared that we should expect only about a 10 per cent response from a random sample. We wanted the opinions of 150 to 200 practicing dentists but, because of the bulk of the survey material we did not feel that we should

distribute 1,500 or 2,000 questionnaires in order to be sure of obtaining this number of replies, so we conducted a pre-survey. At this point, we allowed a little optimism to color our thinking. We were so convinced that the training of dental assistants would be a subject of active interest to the practicing dentist that we relied on a better-than-average response. We wrote to 800 dentists, one from each page of the *American Dental Directory*, explaining what we were doing, asking them if they had a dental assistant, and if so, whether they would be willing to spend an hour or two helping us by checking their opinions on the importance of various items relating to the knowledge and ability that a dental assistant should possess. We anticipated that of the 800 dentists, about 500 would have dental assistants, and we hoped that at least one-half of these would be willing to participate in the survey. Our optimism was apparently well-founded, because we heard from more than 300 of those contacted and about 85 per cent agreed to participate in the study.

The final form of the check list was sent to nearly 275 practicing dentists, to the 225 dental assistants listed as chairmen or secretaries of local dental assistant societies, to the deans of the dental schools, and to the directors of the dental assisting schools approved by the American Dental Assistants Association. Because of summer vacations, the responses from a number of the schools were received too late to be included in the tabulations, but the number of responses in each of the categories was more than adequate for the results of the survey to be considered valid. At the time the tabulations were started early in September, we had the opinions of 163 dentists, 191 assistants, and 29 schools. Since that time many additional survey forms have been returned and, although these are not included in the summary prepared for the use of the workshop groups, they have been reviewed to be sure that they

would not change the percentage figures presented in reports on the survey.

One of the most difficult decisions in any survey is the determination as to how the results can be presented in the most meaningful manner. In this instance, there were several different types of analyses that might have been made, but examination of the data showed that the most significant analysis might be made in terms of the actual working conditions in the offices of the respondents. For example, the results showed that there were some differences in the opinions expressed by the dentist with only one assistant and those expressed by the dentist with other employees. There were some differences in the opinions of the assistant who was the only employee and of the assistant who was one of several employees. In neither case were the differences marked, but since the samples were large enough to be presented separately, it was decided to do so. Therefore, in the first summary, the one presented on blue paper, we have five categories: dentists with one assistant, dentists with an assistant plus other employees, assistants who work in offices with no other employees, assistants who work in offices where there are other employees, and schools. In each category and for each item we have indicated the percentage of those who felt the particular item was *essential*.

We are not going to study this report now, but tomorrow when you use this summary in the workshop groups, I think it will be immediately apparent that there is a remarkable amount of agreement in the opinions of the five groups. It is true that for many items a larger percentage of assistants marked a particular knowledge or ability as essential than did the dentists, but almost every item indicated as essential by a high percentage (90 per cent) of assistants was similarly classified by an equally high percentage of dentists. In every case in which less than 40 per cent of the assistants marked a particular

item essential, it was similarly classified by less than 40 per cent of the dentists.

It was felt that it would also be helpful to have a summary report showing the per cent of all participants who classified each item as essential, desirable, of little or no value, and actually undesirable rather than just the percentage of those who marked the essential column. This report is presented on green paper to distinguish it from the original summary. Again, we are not going to study this report now, but tomorrow in the workshop group deliberations, it should be very useful. You may personally agree or disagree with the findings of the survey, but in either case you will have available the opinions of over 400 practicing dentists, dental assistants, and educators.

OBSERVATIONS ON THE USE OF THE SURVEY DATA

The most immediate value of the efforts that have gone into this survey will be realized from the kind of use which you at this workshop make of these data, for this is the major purpose for which all of the facts and figures were collected. I would like, therefore, to comment on some of the ways in which the survey results might most appropriately be used for this meeting.

In a sense, the process of developing educational standards is one of those unusual operations in which you start at both ends and work toward the middle. As already mentioned, the basic ingredient of an educational program is agreement on the specific objectives of that program—that is, just exactly what is the program supposed to prepare the student to know or to do. It is this type of activity for which this workshop was mainly designed and to this that you are being requested to give your major consideration during the group sessions tomorrow. On the other hand, it is not these specific objectives which, in themselves, constitute the broad educational standards or requirements in a field, for a set of requirements so designed would be too restrictive

to serve as education or accreditation standards. To be sure, the identification of specific objectives is an important factor in determining the philosophy that goes into the framework of educational requirements, but during the process of identifying these specifics there must be at least general concurrence on the framework within which these detailed objectives will be expected to fit. For example, specific decisions on the knowledge and ability a dental assistant should be expected to possess about laboratory procedures will, consciously or subconsciously, be limited by an individual's concept of how long the training program should be. It would seem, therefore, that at least a tentative decision on such factors as the length of program needed, the type of institution in which the instruction should be given, the kind of faculty needed, and other fundamental considerations of this type, would be essential for a proper evaluation of the survey results.

Viewed from the other side of the problem, however, there is a need to emphasize the necessity of making these broad determinations very tentative lest one find himself in the position of eliminating educational objectives that might be very desirable, but for which there is not time nor facilities in your predetermined "standards", or including objectives that have little or no merit simply because your "theoretical program" demands more lectures and experience just to fill the time allotted.

It may fairly be asked, "How is this apparent dilemma resolved? Which decisions are most important and should be taken up first?" To the extent that these two sets of educational definitions—one, the specific detail for the dental assisting curriculum, the other, the broad framework within which the curriculum must be offered—can be developed concurrently, each with due consideration for the other; to this extent it can be expected that the results of this workshop will be

most realistic and productive for future planning.

Both of the exhibits to this report present over 270 items describing samples of the things that a dental assistant might be expected to know or be able to do, indicating the opinions of many persons on each of these items. These reports have resulted in what we firmly believe is a good cross section of the opinions of practicing dentists and dental assistants. The survey provides the raw material for the decisions on the specific detail for the dental assisting curriculum, the data with which all of you at this meeting can work for the next two days in order to arrive at some recommendations.

To some it might appear that a survey of this kind, in which more than 400 persons have expressed their opinions on the relative importance of an extensive list of duties and responsibilities, should be sufficient to establish the content of a curriculum for dental assistants and that there is no further need for taking the time of many people at a meeting of this kind only to look over the opinions of several hundred persons. It is here, however, that we need to add the other side of the development to which I have already made reference; namely, the identification of the broad framework within which these specific details must be further judged. It is you people at this meeting who will need to put all of the pieces of information collected during this survey back into some sort of meaningful whole so that it will resemble a standard of education for dental assisting.

Each of the workshop groups will find that certain sections of the complete survey apply more specifically to it than to other groups and the members of each group will want to give more attention to their own items than to those for the other groups. You may find it helpful to read rapidly over all of the items in the sections which apply to your group first in order to obtain a general orientation. Rather than proceeding immediately

to a decision as to whether each of the items is "essential" or "of no importance", it would seem that it might be well to devote some time to discussing in your group just where you feel that particular section—for example, radiology—fits into the overall scheme of education for the dental assistant. At the risk of being repetitive, perhaps an example would illustrate clearly the point in mind here.

On page 9 of the blue exhibit, under the section titled, Radiology, you will find 27 items listed as possible knowledges and abilities needed by the dental assistant. The percentage of replies listing these various items as essential varies from the middle and high 90s for Item 19 to about 10 to 40 per cent for Item 6. It is obvious that Item 19 was considered more important for the training of dental assisting than Item 6, but what about the other 25 items in this section? If you will look over the data in this part of the exhibit material, you will notice that the dentist with one employee (Column 1) considered the 27 items in Radiology to vary in essentiality from 10 per cent to 94 per cent. It is probably realistic to assume that these extremes represent clear and reliable measures of the relative importance of certain knowledge and ability, but what happens in the case of those items which were classified as essential by 40 to 60 per cent of the respondents? Is it proper to assume that 50 per cent is a "failing grade" for an item in this survey, or should the failing mark be set at 65 or 70 per cent? I doubt that the decision can be made on the basis of a percentage figure alone, but rather that the replies on this survey must be studied by those of you here today in the light of your personal experience and, of critical importance, in terms of your philosophy of education in general and education for the dental assistant in particular.

It would be naive to suggest that this is an easy task or that it will be accomplished with anything approaching uni-

formity of opinion in this group, but this would appear to be the way in which the job must be undertaken. If there are differences of opinion, as there will be, an effort should be made to resolve them, but if resolution is not possible the differences should be stated in the final report of each group. Differences based upon fundamentally opposing philosophies on the educational needs of the dental assistant should particularly be noted so that subsequent meetings devoted to the consideration of this subject will have the benefit of the varying points of view.

There is one additional point of importance that should be kept in mind when considering the individual items in the survey reports. In spite of the efforts that were put into the development of this form by many persons, there is no doubt that some of the items are subject to misunderstanding—some are too broad and some are perhaps too narrow in scope. Any of you who have ever tried to construct statements of educational objectives know that this presents a very difficult challenge in communication. Take the simple word "knowledge", for example, and there is the impulsive desire to prefix it with some modifier, such as a little, a lot, or some. In the strictest sense, educational terminology demands this type of definition. This lack of precision in terminology is probably one of the reasons some people hesitate to admit educational methodology to the temple of the sciences, but to those of us who attend meetings of this sort this same lack of precision in terminology is a challenge. If we may take another example from the section on Radiology, consider Item 3 which says "*An understanding of the physiological dangers resulting from misuse of dental radiographic equipment*". This item, like any respectable objective, has two major parts: first, the designation of the *behavior* that is desired in the student—knowledge, understanding, appreciation, ability,

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and so forth; second the area in which this behavior is desired—that is, the *content* or subject matter for which the student will be expected to learn to exhibit a particular kind of behavior. This much is easy, but we must stop and ask ourselves, "Is this precisely what I want to teach the students, both in terms of behavior and content?"

In the example stated earlier, should the dental assistant have an *understanding* of or only a *familiarity* with the physiological dangers resulting from the misuse of dental radiographic equipment? Is it enough that she know something about the dangers that might result from having heard these listed in a lecture or should these dangers be so impressed upon her through repetition, through seeing the results of misuse of radiographic equipment, and through any other means available that she lives with radiographic equipment in the constant understanding of the precautions that must be exercised in its use? A similar type of analysis can be made of the content section of each statement of educational objective. These illustrations are offered for the purpose of pointing out that the workshop groups might well give some consideration to the wording of the items in the check list, particularly in those cases in which there may be some disagreement, in order to be certain that the source of the disagreement is not the wording rather than the intent of the item.

MAJOR FINDINGS

There are obviously many different analyses which could be made from the data that have been collected and some of these have already been suggested earlier in this paper. Many others will be made by you during this meeting and, hopefully, the survey results may even be used for some time to come to study and project the opinions of the dental profession on the function of the dental assistant. Before closing this report, I would like to comment upon some of the more

general observations and conclusions suggested by the data.

One of the most obvious areas of interest, for the sake of comparison, was the question as to whether there does, in fact, exist a difference of opinion among dentists and dental assistants as to the types of knowledge and abilities the assistant needs in the dental office. The survey results do not present a clear, conclusive answer on this question, but they do show some interesting tendencies. First, as indicated in the blue exhibit (Columns 3 and 4 combined) there are practically no cases in which an item was rated of lower importance by the assistants than it was by the dentists (Column 1 and 2 combined). This is probably not surprising for it is natural for an employee to look upon her job as involving more than is recognized by the boss and it is equally natural for the boss to fail to recognize many of the things that are done for him by an efficient employee. In the main, there is a considerable degree of agreement among the dentists and dental assistants on the various items, but there are many cases of substantial lack of concurrence, and these will have significance during the group discussions. It will no doubt be impossible to develop the details of a dental assistant curriculum that will satisfy all persons, but our best efforts should be devoted to coming up with a program that will meet the needs of both the dental profession and the dental assistants.

In preparing the original check list for the survey, the committee adopted the philosophy that the coverage should be as broad as possible, even to the point of including items of knowledge and ability that pretty clearly did not come within the generally recognized scope of the dental assistant. Special care was taken to explain to the survey respondents that the list might well include some items that are not within the realm of the dental assistant, and as you all know, the

survey provided for each participant to mark items as "of little or no importance" or "actually undesirable". You will find the distribution of responses for all participants in the green exhibit. As a general observation, it is of interest to note that, with the exception of the section on laboratory procedures and some sections of the basic sciences, there are very few items that were classified as of little importance or undesirable for the dental assisting curriculum.

In addition to collecting opinions on the training needs of dental assistants, this survey afforded an appealing opportunity to get some real evidence on the attitude of the practicing dentist toward the need for training programs for dental assistants. All of us have heard many times the statement that dentists would rather train their own assistants and that formal training would be of little value because each dentist operates differently and would, therefore, have to spend just as much time re-training a person with formal education in the field as he would in breaking in a completely inexperienced person. There are no doubt some persons who feel this way, but we felt it would be of basic importance to have some figures to support or contradict this argument as representative of the attitude of the dental profession in general. The figures are clear and decisive, as indicated by the following questions and answers.

Q. Do you feel that it would be desirable to be able to employ a dental assistant who has received a course of fundamental instructions in dental assisting in some type of educational institution?

A. Yes — 138
No — 11

Not all of the participating dentists answered this question, but the affirmative answers from 93 per cent of those who did answer is strong evidence that the profession does recognize the need for more training programs in this area.

Q. Have you trained completely inexperienced

girls in your office as dental assistants?

A. Yes — 133

Q. If so, how long do you feel that it takes to prepare such a person as a competent dental assistant?

A. The 133 responses varied from *one month to five years* with an average of *eleven months*.

Q. If you were able to employ a dental assistant with a background of fundamental knowledge and ability, such as outlined in the check list, how long a period of additional training might be needed in your office before she would be fully competent to be your assistant?

A. The 136 responses varied from *zero months to two years* with an average of *three months*.

Again the data would seem to support the contention that the profession wants and needs more dental assistants with a basic educational background. There are all sorts of estimates on the amount of time required of the dentist to train an assistant in the office, but regardless of the estimate used, to spare the dentist several months of training time for each new dental assistant would contribute an impressive amount of time to the total productivity of the profession.

As the final item in the survey, we asked all dentists a very open-ended question, "What are the most important problems to be solved in order to assure the dental profession of an adequate supply of well-qualified dental assistants?" Nearly 120 dentists expressed themselves on this question and, although the verbiage differed, it was somewhat surprising to find that the replies could be summarized into a consensus on four major problems. These are:

1. Better recruitment programs
2. Improved and standardized training programs
3. More attention to wages that are competitive with similar jobs in business

4. Better and more inclusive education of the dentist to the advantage of having a well-trained dental assistant.

It is further interesting to note that each of these four problems was mentioned with about the same frequency—with better recruitment programs and improved training programs having a slight edge.

The details of the replies received to this question are interesting but time will not permit a more complete analysis of them at this time.

In conclusion, I should like to make an effort to regain the good will of the members of the Council's staff by acknowledging publicly the tremendous amount of effort which every person on the staff put into this project. In spite of the many hours of tedious and uninteresting tabulation that went into the survey reports, I feel confident all the staff feels that this was a job well worth doing in the knowledge that it will contribute to the development of programs for the education and certification of dental assistants.

REPORT ON THE EXPERIMENTAL STUDY ON THE TRAINING OF DENTAL ASSISTANTS BEING CONDUCTED AT THE UNIVERSITY OF NORTH CAROLINA

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OBJECTIVES AND PURPOSES OF STUDY

The primary objectives and purposes of this study, which should be clearly identified as a pilot study, a cooperative project between the United States Public Health Service, Dental Resources Division and Public Health Methods, and the University of North Carolina School of Dentistry, are as follows:

1. To determine what level of achievement (knowledge and skills) may be realized with the facilities, faculty and staff, by the employment of a limited number of girls who had no prior dental office experience, who were graduates of an accredited high school, and who met the minimum requirements for admission in the General College of the University of North Carolina, in a program involving
 - a. An eleven (11) weeks concentrated summer training program, or/and
 - b. An eleven (11) weeks concen-

trated summer training program, plus an on-the-job training experience with a selected senior student for an entire academic year.

2. To determine the level of achievement of the senior dental students, who have had the full-time assistance of trainees throughout the academic year, as compared with the remaining senior dental students who will have had only very limited experience and contact with assistants (dental hygiene trainees and three dental assistants for remaining members in the senior class).
3. To determine the fiscal, training, and other problems and considerations involved in the eleven (11) weeks summer training program, and the subsequent academic year's training experience of the senior dental student and the trainee.

Discussion of the Objectives and Purposes of Study. The training of the dental

assistants was approached for the following reasons:

- a. There is no formal training available for dental assistants in North Carolina, and there are very limited and inadequate opportunities for such in this country.
- b. There is no accepted standard of training, required curriculum, or experience, for the dental assistant now recognized by the majority of dentists in the country.
- c. The training and experience of the average dental assistant varies from no formal or informal training prior to her first employment (90 plus per cent) to the two-year formal curriculum¹⁻⁵. The Armed Forces have a training program involving periods from three to four months⁶⁻⁹, wherein the dental technician (assistant) receives an experience and background far above the average assistant employed in civilian practice. The logical question arises—is it possible and practical for an individual inexperienced in a dental office with a given level of education (high school) to achieve the minimum required skills and knowledge in a period of ten to twelve weeks, or is a period of one year or two years actually necessary? Considering the vast numbers of dental assistants required, the present low pay scale in the average dental office¹⁰, and the high percentage of loss from practice, it is imperative that serious consideration be given to the least amount of time that is necessary for the average individual to acquire the skills and knowledge demanded of a dental assistant. With reference to this latter point, it should be stated that there were only 2,825 applicants in the country for all the Dental Hygiene schools in 1956¹¹. This

does not mean that all applicants for dental hygiene were qualified for admission. Furthermore, the most recent publication relating to the Dental Hygienists by the United States Public Health Service, Division of Dental Resources and Public Health Methods¹², indicates that only 4,032 dental hygienists were practicing in 1954 and that 30 per cent withdraw from professional work within a year after graduation. The data also indicates that by the third year after graduation only one-half of the number remain in practice. In addition to this loss of 30 or 50 per cent must be added the loss through academic failure. Another important factor, which reflects materially on the recruitment problem of the hygienist, and which would be equally evident for the dental assistant, is the cost of training. For example, in the two-year program, the total expense of the average student living at home was \$2,151, while the average cost was \$3,586 for the girl living away from home¹³.

The laws and forces of day to day economics, coupled with the readiness of dental education and the dental profession to take a realistic look at the functional economy of the average dentist, will in a large measure determine how extensive a training and/or education program should be required for the dental assistant in the foreseeable future. An evaluation of the possibilities of a three-month's training program at the University of North Carolina therefore was deemed timely and appropriate.

- d. Since there was no standard recognized training program for dental assistants, and since there was no practical evaluation tech-

nique to determine the skills and knowledge of the so-called well qualified dental assistant with X-years of experience which the University of North Carolina could employ, and since one of the objectives in this study was to evaluate the achievement of the senior dental student, it was deemed essential to train the "would-be" dental assistant consistent with the minimum standard of operation required in the School. For example, the assistant must have the knowledge and skills incident to preparation and mixing of amalgam alloy according to Bureau of Standards specifications. The employment of the average "so-called" well qualified dental assistant with X-years of experience in this study program would first necessitate a "further training period" prior to participation in the program.

The concentrated summer training schedule for the assistants was considered most favorable since some of the school's laboratories and classrooms were relatively nonproductive, and the faculty were less committed to teaching and other obligations. The University's housing problem, too, was less acute during the summer months. The dental assistant-senior student project was not activated until the fall term.

Having trained the girls who would be used in the study, and who then were assigned to a senior dental student, the next objective is to determine what happens to the senior dental student and the dental assistant under well controlled supervision, when they work as a team for three, six and nine months. What will be the level of achievement of the dental student and assistant when evaluated at stated intervals? Will the dental student with the assistant gain one-fourth or one-third more clinical experience? Will the dental assistant with this additional "on-the-job" clinical training meet

the minimum standards (skills and knowledge), to be set forth by the Council on Dental Education, in three, six or nine months? These and other important considerations and questions will assist the profession in its total manpower problem.

The faculty at the University of North Carolina considered the senior student a better subject for evaluation and this experience than the junior. It is believed at this time that the junior student requires a year of maturation in the several areas of clinical dentistry prior to the utilization of a dental assistant. For example, it is believed that the junior student should be required to prepare the amalgam alloy, to mix the silicate and oxyphosphate cements, and to do other routine procedures by himself to get the "feel" and the "know-how" and then in the senior year have the opportunity to delegate many of these duties to an assistant.

Concurrent with all of the considerations cited in the preceding paragraphs, the dental school administrator, or anyone responsible for the administration of a dental assistant program, there are fiscal problems or costs related to faculty and staff, equipment, supplies and general operations. Furthermore, the possible impact on certain areas of the existing curriculum must be realized. Accordingly, another major objective is an evaluation of costs to provide a given training experience to the assistant and to the senior dental student, as well as what potentials there may be for an effective change in the curriculum.

It is the present opinion of this writer and the faculty of the University of North Carolina, that the schools of dentistry cannot become the primary source of training for dental assistants since the number of dental assistants needed for an effective resolution of the manpower problem is far too great. However, it does seem practical from an operational and economic point of view to annually train an adequate number of assistants to meet the needs for dental student train-

ing. The immediate question arises as to how many assistants are needed to effectively train 50 or 100 senior dental students. On the basis of one assistant to every senior dental student, and further, if the School elected to employ qualified experienced assistants, the annual budget would be a minimum of \$125,000 for a class of 50 seniors, or about \$250,000 for a class of 100 seniors. Perhaps the summer training program, plus the on-the-job training experience for the ensuing academic year may resolve itself into a number of advantages.

PLAN AND PROCEDURE OF STUDY

General Statement. This study, a co-operative project between the United States Public Health Service and the University of North Carolina, now is in progress. While the basic plans for the study were completed in the fall of 1956, the "tooling-up" process to get ready for the summer session and subsequent academic year began in January, 1957. There are seventeen members of the dental faculty participating in the project, one of whom is the General Supervisor or Coordinator, and another is designated the Faculty Clinical Supervisor. In addition, there is a Clinical Supervisor (Dental Assistant) and a part-time Administrative Assistant.

All phases of the planning and procedures in the study have been critically reviewed and evaluated by the Department of Biometrics, School of Public Health, prior to activation. This latter pattern of biometrical evaluation assures a reasonable valid approach to the various facets of the study. It has been stated previously that this is a limited pilot study, which may give direction to a more adequate program and evaluation in the future in the areas of curriculum design for the dental assistant and the dental student, and, further, to the costs as well as many other attending problems related to this type of training.

The study plan in general, which is scheduled for a four or five year period, includes the recruitment and selection

of twenty girls the first year for the summer program (1957) and ten girls for the following summer sessions, and, further, provides for the selection and retention of five (5) girls each academic year to work with five (5) selected senior students. Since the Council on Dental Education has to date not set forth the minimum standards (skills and knowledge) which a school or curriculum for dental assistants must have to be approved, the curriculum at the University of North Carolina for this year was based upon what the faculty deemed adequate and appropriate.

Recruitment and Selection of Trainees. A brochure describing the dental assistant training program was mailed to the dentists of North Carolina and to the principals and/or vocational guidance instructors of the North Carolina high schools. There were also feature news releases. This publicity elicited over seven hundred inquiries of which some 500 were from North Carolina. Applications were mailed to 500 girls. The large percentage of the inquiries were from girls from small rural communities and smaller towns. However, there was also an appreciable number from the larger cities, particularly from those girls who had taken a commercial or "business course" in high school. In general, it may be stated that most of the girls who were interested in the dental assistant program had to "go to work" rather than continue with higher education in a girls' school or college. Accordingly, the majority of the girls had completed courses in typing, business arithmetic or bookkeeping, and some had also taken shorthand.

Eligibility for application to the program was limited to any unmarried woman between the ages of eighteen and twenty-five, who was a graduate of an accredited high school, and who had had no previous training or experience in a private dental office or clinic.

Approximately 100 girls, or 20 per cent of those to whom application forms

had been sent, returned the applications. The girl was instructed that the final selection would be made on the basis of the criteria already cited, plus the results of examinations to be given by the University Testing Bureau and personal interviews. The examinations of the Testing Bureau consisted of three sections: (1) the Psychological Examination for College Freshmen of the American Council on Education; (2) the ACE Co-operative Algebra Test; and (3) the Co-operative English Test. More than 80 girls completed the tests. Few girls rated the superior grades. Many of the candidates had not taken algebra or science courses in high school. Accordingly, the major weight in selection was given to the results in the Psychological Test, with English second and Algebra last.

Following the test, 61 girls were given further consideration by the selection committee of the School of Dentistry. The committee was composed of two women and two men. Personal interviews were held by the committee, at which time the candidate was rated as to her personality, enthusiasm, neatness, poise, speech and other characteristics. Twenty-two of the eligible girls were eliminated after the personal interview and 39 were identified as acceptable. Through a process of random selection, with the assistance of the Department of Biometrics, twenty girls were selected for the summer training.

Summer Training Program. The summer program was activated on June 6, 1957, and it consisted of lectures in 18 different subjects in addition to demonstrations and laboratory procedures. The last two weeks consisted of practical chairside clinical orientation. This was followed by a three-day comprehensive examination, composed of one full day of written examinations (200 questions of the objective type) and two full days of practical examinations (350 questions, procedures or identifications).

All twenty girls completed the summer program, however two of the trainees

were advised at the close of the training period to select some other field of endeavor because of their low grades and aptitude.

Five of the girls, who successfully completed the summer training, were selected at random from the remaining 18 trainees to continue with the additional "on-the-job" training at the School of Dentistry.

Eleven of the twenty girls were "farmed-out" to practicing dentists of North Carolina, with the understanding and arrangement that the girls would return to the School of Dentistry in December, 1957, and in May, 1958, to take a one-day comprehensive examination. Two of the twenty girls were employed by the School of Dentistry for general duty as dental assistants. The objective of the follow-up one-day comprehensive examinations is to determine and evaluate what progress or retrogression is realized, in the five girls who are assigned to the senior dental students in the pilot study program during the ensuing academic year, as compared with the girls who entered private practice after the summer training program. The question of what happens to a girl (dental assistant) with reference to progress or retrogression in three months or nine months "on-the-job" experience, in addition to the concentrated three months summer training program will be interesting and perhaps significant.

The Senior Student-Dental Assistant Project. Five senior students were selected at random. The five senior students and the five selected dental assistants were given a week's briefing prior to the beginning of this fall term (1957). The briefing consisted of identifying clearly the duties and responsibilities of the assistant and the student (dentist). Many "dry-runs" were then accomplished, wherein a given operation was specified (i.e., mesio-occlusal amalgam in a lower molar or a full denture case), and wherein the assistant was required to complete the set-up for the operation. The student then called for the items (instruments,

etc.) required during the operation.

Following this week's briefing period, the dental student and assistant began to work as a team in all clinical operative procedures. This team will work together for the entire academic year.

CONCLUSIONS

1. This pilot study now in progress has the potentials of giving direction to further studies or planning, in determining:
 - a. How much time may be required for a trainee, with a given educational background, to achieve the knowledge and skills demanded of a dental assistant, and
 - b. What level of achievement may be realized by a dental assistant trainee in a three months' training program, and
 - c. What level of achievement a senior dental student may realize at intervals during the senior year, when he is working with a dental assistant full time, and wherein the assistant has had a three months' training experience, and
 - d. What problems are identified with the training of dental assistants, and further, the team concept of the dental student-dental assistant.
2. The recruitment of qualified trainees in North Carolina on the level designated in this project, to satisfy the manpower needs of today's practicing dentists, would be extremely difficult.

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(#1144/8)

REPORT ON THE EXPERIMENTAL STUDIES DESIGNED TO TEACH DENTAL STUDENTS TO USE DENTAL ASSISTANTS MORE EFFECTIVELY

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The primary problem in dental manpower is much easier to state than to solve: the current national ratio of civilian dentists to civilian population is little better than that existing during World War II, and the ratio continues to grow worse. At the same time, the public's ability to purchase dental care is at an all-time high. Together, these facts mean that we are faced with a critical shortage of dental manpower.

The increasing seriousness of the manpower situation has led to a series of different, yet related, activities, all of which attack the main problem by exploring one or more of its separate parts. Speaking for the Public Health Service, and more specifically, the Division of Dental Resources, these activities include studies of manpower requirements and supply over the next 20 years in the individual states,¹ the separate regions,^{2,3,4} and the nation as a whole;^{5,6} a survey of the dental hygiene profession; analyses of educational expenses of dental and hygiene students⁷ and of the financial structure of dental and hygiene schools;⁸ and studies of efficient utilization of chairside assistants.¹⁰

Concurrently the Council on Dental Education has not only aided in some of these studies, but has independently explored other important areas of the manpower problem, and the same holds true for Council on Dental Health and the Bureau of Economic Research of the American Dental Association. In addition, the W. K. Kellogg Foundation, through a series of grants to Regional Education Boards, has done much to promote regional activity in manpower

planning. And, of course, the efforts of The American Dental Assistants Association to raise standards has given added impetus to the entire planning movement.

Of all methods considered for stretching the availability of dental services none is more indispensable than one suggested during World War II,¹¹ that "sub-professional personnel be utilized to the fullest possible extent." This is one recommendation made during the war which has been put to use with the passage of time, but even in this instance, progress, though sure, has been too slow. The reason for the slow improvement in the utilization of auxiliary personnel seems obvious. We have relied too much on giving advice and too little on giving practical instruction. Some years ago, when efforts were being made to improve dental care for children, it was found that lectures before dental associations failed to produce needed practice changes. It was only after pedodontics was added to the undergraduate curriculum, and after older dentists, taking refresher courses in dental schools, had an opportunity to use recommended techniques under the supervision of an instructor, that real progress in improving pedodontics was made. Dentists, like everyone else, learn best by doing.

So it will have to be in encouraging a more widespread employment of dental assistants. For a long time a number of successful practitioners have used advanced office methods and efficiently employed auxiliaries to aid them in rendering a better service, faster, to more people. The need, as we see it now, is

to teach dental students the efficient use of chairside assistants so that ultimately their services as practitioners will also go farther, better. In order to do this properly, however, we must first answer many questions. What are the best teaching techniques? How much space will be required? Will the curriculum have to be altered and if so, how much? These only begin the list. The 64 dollar question, of course, is where do we get the money?

The break came in the summer of 1956, when the American Dental Association persuaded Congress to greatly increase funds to the Public Health Service for dental research. Accordingly, \$80,000 was set aside for the establishment of a pilot research program in dental schools to determine the best methods of training dental students in the use of chairside assistants. In preparation for the expenditure of funds for this project, representatives of a number of dental schools and the American Dental Association were invited by the Service to participate in a planning conference. The chosen schools were selected for geographic representation, and most were schools not then receiving support from Public Health Service grants for other types of research. This method of selection was meant to encourage more widespread participation in research projects. The planning conference was held in August 1956, with eight schools participating. The conclusions and recommendations of the group are as follows:

"The Committee has thoroughly studied the advisability and practicability of instituting an experimental program in one or more dental schools, dealing with the problem of training dental students in the effective use of chairside dental assistants as an available means of improving the utilization of dental manpower.

Summary of deliberations:

- I. The Committee is of the unanimous opinion that the training of dental students in the use of auxiliary personnel is an educa-

tional discipline which should be incorporated into the dental school curriculum.

- II. It was agreed that such a program may result in:
 - A. The students achieving a prescribed academic qualitative and quantitative threshold earlier in his clinical experience.
 - B. The freeing up of instructional time which may open new vistas in curriculum planning.
 - C. The creating of a demand for qualified auxiliary personnel by recent graduates who have had this type of instruction in their dental school.
- III. It was agreed that every dental school should be encouraged to embark upon an experimental program in the training of dental students in the use of auxiliary assistants wherein:
 - A. The concept has the endorsement of the faculty.
 - B. The teaching facilities are adequate or can be expanded to meet the educational needs of a program of this type.
- IV. It was deemed essential by the Committee that it be the prerogative of the participating dental school to set up its own experimental program with respect to:
 - A. The selection of faculty.
 - B. The course content.
 - C. The duration of dental students' training.
 - D. The operational pattern by departments.
 - E. The administrative and fiscal procedures.
- V. It was further agreed that in dental schools where an experimental program is set up:
 - A. Every opportunity should be explored to apply research methodology in its evaluations.
 - B. That where base lines can be established, objective data

should be gathered to determine:

1. The adaptability and compatibility of the dental student to auxiliary personnel and the auxiliary personnel to the dental student.
2. The productivity of the graduate dentist who has received instruction and training in the use of auxiliary personnel while in dental school.

VI. The Committee recognized the attendant personnel problems and the administrative adjustments which the participating school might anticipate. Perhaps the greatest difficulty would be in securing required auxiliary personnel. It is believed, however, that this need can be met in at least one of three ways.

- A. By acquiring trained auxiliary personnel who would be oriented by a project coordinator to meet the educational objectives predetermined by the participating institution.
- B. An "on the job training program" wherein the trainee is given extensive preparation and instruction by the program director prior to assignment to a dental student.
- C. The establishment of a dental assistants' educational program within the confines of a dental school wherein the instructions on dental assisting are provided by qualified staff members and integrated with the dental students' training activities.

VII. It is recommended that a copy of this report be sent to

- A. The participants in this conference, inviting an expression of their operational plan or projected planning in this direction.
- B. The Secretary of the American

Association of Dental Schools, in the hope that this topic will be placed on the agenda of a future Association meeting.

Within a few weeks following the conference, three of the eight schools represented made specific proposals to undertake research projects and submitted estimates of the cost involved. A fourth school followed within the year. Since direct grants are not permitted under the type of appropriation voted by Congress, supporting funds were provided to schools on a matching basis in the form of salary payments and equipment purchases. Three of the four programs began operation during the fall and winter of 1956; the fourth began later in the same school year. Before the fiscal year expired, applications were received from four more schools. Funds available permitted only two more to be included in the program. These have begun their programs during the current school year, bringing to six the total number of separate programs now in operation. The entire amount of money set aside for this project has now been committed. Each program will be continued for a minimum of four years.

In each of these experimental projects, teaching dental students to work with trained chairside assistants is the core of the program. The selection of students for training and the type of teaching methods employed, however, are left wholly to the discretion of the participating schools. Consequently, a desirable degree of variation among projects has been achieved.

Two schools have selected the pedodontic clinic as the most favorable location for the project. Here, students spend a regular portion of their clinical schedule working closely with trained assistants and with dental units fully equipped for high speed techniques.

Two other schools are establishing their projects in special areas separated from other clinics. In one of these, the clinical arrangements will be made to resemble as closely as possible that of an ideal

private office. It will consist of two separate operating clinics, each equipped with dental units and equipment for high speed techniques. Chairside assistants, a dental hygienist, and a receptionist will be provided. This arrangement should give the student a much clearer understanding of the nature of private practice and the efficient use of assistants than has previously been possible. At the other school having separate facilities, similar operating equipment is provided, but the arrangement is designed to permit a broader pattern of experimentation with educational methods. It includes the use of closed circuit television.

Another school is experimenting to determine first to what extent chairside assistants can be used to raise the performance level of inferior students; and second, by using chairside assistants, to speed up the clinical training of certain dental students so that they can devote more time to training in research or clinical specialities.

Initially, all of the schools had to give some training to assistants, even though a number of them were already experienced. This is no longer the case. One school, however, is operating a continuing program for training assistants in conjunction with its program for dental students.

This small monetary assistance to selected dental schools for research in better training techniques should also be recognized as an organized, though unregimented, effort to focus attention on the need for improving all dental education. The program offers those responsible for our schools an opportunity to take the leadership in discovering any existing weakness in dental education and in developing methods to correct such weaknesses.

In the contract executed by each of the schools participating in the project, there is a provision that the school will make its own evaluation of the effectiveness of its teaching methods. This approach was chosen in the hope that the

schools would alter their teaching methods as the experimental findings direct, and that new and more effective techniques for educational research would evolve from these experiences. The concept of self-evaluation undoubtedly has merit, since each school could profit in many ways from University or outside consultation regarding measurements of students' attitudes and abilities, and certainly, the practical application of scientific methods to teaching situations would be an important achievement. However, consideration has been given to the establishment of an evaluating standard for all schools. But a standard measurement could have its drawbacks. If we attempt to measure this program, which is basically a search for new ideas and new approaches, by a preconceived standard, arbitrarily chosen and emotionally defended, we may well defeat our own purpose. When the program is farther advanced, a formal measurement may be adopted. But in the present formative stage, evaluation remains the responsibility of each separate school.

The present operation is a pilot project only. Yet limited as the undertaking is, a great deal can be learned from it. One of the obvious next steps is a meeting of program directors and the deans of their schools with representatives of the Council on Education for the purpose of exchanging ideas and discussing the progress being made in the project. For if knowledge is to be gained and advances in techniques made, a formal mechanism for the organized exchange of information must be established.

In closing, I think it would be well to emphasize again the two principal goals of this pilot project. The first is the universal training of dental students in the *habit* of using dental assistants efficiently. The training should be so thorough that when a student enters dental practice, he will be capable of training his own chairside assistant. The second goal is to gain the attention and stimulate the action necessary to bring about needed improve-

ments in every single phase of dental education.

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METHODS OF ACQUAINTING THE DENTAL PROFESSION WITH THE ROLE OF THE DENTAL ASSISTANT IN THE DENTAL HEALTH TEAM

by MR. HERBERT B. BAIN, Director
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As we come to the end of the resource papers scheduled for this conference, I am certain that there is unanimity of opinion in this audience that each dentist should have a properly trained and efficient dental assistant. The subject assigned to me, "Methods of acquainting the dental profession with the role of the dental assistant in the dental health team," concerns communications. How are we going to communicate the information that has

been and will be reported at this conference and similar conferences to the individual dentist? How are we going to convince him that it is to his advantage to employ a dental assistant who has had the benefit of some formal training for the job?

One might answer these questions glibly and say, "Tell 'em." That, however, is much easier said than done. There is no quick and easy pattern of communi-

cating information to others. Within the past two weeks there has been publicity about the development of a new electronic device designed to broadcast or telecast ideas which could be implanted in people's brains without their knowledge that it was being done—the so-called "invisible sell." This is a fantastic idea. I am certain that if such a device could be developed, it would not be long before there would be such competition among the purveyors of information and ideas that the end result would be total chaos. Today, there is tremendous competition in the communication of ideas, but man, thankfully, still has some choice in deciding what he wants to look at or listen to. From every side and by every known means of communication, man is being bombarded with statements, claims and reports designed to influence his thinking and his actions. In this highly competitive field, it is necessary to decide which means we should use to communicate effectively with those we wish to influence.

Before deciding on the media that we wish to use, we need to know what it is that we wish to communicate. This, I believe, is the most important part of the whole matter. I know that it does not sound like a profound statement to say that one should know what he is saying before he says it. It is a point, however, that too often is overlooked in our system of communications. In the subject matter before us, there is general agreement on the broad scope of the message that we want to convey to members of the dental profession. And I rather imagine that this will be more sharply defined in the discussions to follow during the remainder of this conference.

Nor is there any question, insofar as I know, about the group we are going to try to communicate with. We want to reach all of the practicing dentists. The

task now, then, is to decide on the methods that we are going to use. We need to find the means of getting through to the audience we have selected. At lunch the other day, a member of the Central Office staff was talking about "selling" an idea. "It takes more than just telling the other guy," he said. "The other guy has to listen, too. Sometimes, he's just pretending that he hears you."

One of the best ways that I know of to awaken a person's interest in what you are saying is to appeal to his own self-interest. If you can convince the other fellow that what you have to offer will really help him, he will want to know more about it. Here, I think we can do an effective job. There is good evidence that it is far more economical for the dentist to employ a higher salary an assistant who has had a basic preparation for her job than it would be to employ and try to train an inexperienced person even though her services are available at a lower salary. In the long run, the lower paid girl may be the more expensive. The value of the well-trained assistant has been repeatedly demonstrated. However, there is a responsibility for those in charge of the training of dental assistants to be reasonably sure that the girls who are certified as trained assistants will be more efficient than their untrained competitors; that they will be better able to assist the dentist to carry on his tasks more effectively and more efficiently. Should any large number of dentists find that the trained assistants were not capable of carrying on the tasks expected of them, the program would be impaired.

There are many specific methods that can be used to acquaint dentists of the need for employing trained assistants. One of the most effective means is to talk to them, individually and in groups. The lecturer has the great advantage of face to face contact with his audience

and can observe first hand if his audience is reacting as he should want it to react. A disadvantage is that only limited audiences can be reached at a given time. This means that speakers would have to repeat themselves time after time or that large numbers of speakers would have to be recruited if any large segment of the population is to be reached.

In the long range, perhaps the most effective job of communication regarding the value of properly trained dental assistants can be done with the undergraduate dental student. This is a comparatively slow process, however, and it would take almost a lifetime to reach all of the practicing dentists in this manner. I do believe, however, that every dental school should be encouraged to start immediately in teaching its students how to use dental assistants effectively.

A readily available means for reaching a fairly large segment of the profession is the lecture at local, state and national meetings. I am certain that the lecturers on practice management and others should be pleased to give greater emphasis to the subject of dental assistants in their various talks. These essayists, I am sure, should welcome a concise collection of current information regarding the education and certification of dental assistants.

Another effective means of communication is through visual aids such as films, film strips, slides, exhibits and posters. These can be used in conjunction with the lecture and have the great advantage that they can be used over and over again.

Neither the lecturer nor the movie film, however, can be substituted for the written word as the most effective means of reaching members of the dental profession. The number of dental publications and the great body of dental literature attest to the success of this means of communication as far as the

profession is concerned. Readily available to us are several score of dental publications whose readership includes nearly every practitioner in the land.

An obvious question at this point is: "How effectively are we utilizing these publications?" A partial answer is provided in the 1956 *Index to Dental Literature* which catalogues articles on dentistry in the English language from 159 publications. Under the heading, *Assistants, Dental*, there appeared 33 listings for the entire year. Of these, five referred to articles published in dental journals of Queensland, Ontario and London. Of the remaining 28 listings, 12 referred to articles in the *Dental Assistant*. (This is scarcely an overwhelming number considering the title of the publication.) There were five listings of articles in *Dental Survey* and two listings for *Oral Hygiene*, the two major "throw-away" magazines in the dental field. Two articles were listed for *The Journal of the American Dental Association*. There was one article each listed for *Dental Abstracts*, the journals of the constituent societies of West Virginia, Michigan and Illinois, and the component societies of Cleveland and Omaha. There also was a reference to a paper presented at the Seventh State Secretaries' Management Conference.

If the *Index* is a complete listing for the year, and I have no doubt whatsoever that there are any important omissions, then there were only eight articles in any way related to dental assistants which were published in the official journals of the American Dental Association and its constituent and component societies during the entire year. This means that there were no articles at all in 36 constituent society journals and 53 component society publications.

A list of the titles of the articles which were published may be of interest:

Stop!! Look at Your Appearance

Make a Challenge out of Children's
Dental Visits

Can Dental Assistants Take X-rays?

Dentist and His Assistant

Assisting with the Ultrasonic Drill

About Your Eyes and Dentistry

Role of Auxiliary Personnel in Aug-
menting Services of the Dentist

Rules for Dentists from Their Em-
ployees

Little Things Important in Dental
Assisting

Attorney General Renders Opinion on
Branch Offices and X-rays by Assist-
ants

Some Why-For's and How-To's for
Increasing Effectiveness of Your
Auxiliary Personnel

What It Takes

Conservation of the Dentist and the
Dental Assistant

Dentist and the Dental Assistant in
the Role of More Dentistry for
More People

Opportunities for the Dental Assistant
Problems and Relations of the Con-
stituent Society with Dental Hygien-
ist and Dental Assistant Groups

Loyalty in Action

Those C.D.A. Hands

Patient-Technician Relationship in
Dentistry

Dental Assistants Should Be Friendly
and Understanding

Patient Contact

How To Treat a Dental Assistant

What Is a Dental Assistant?

Using the Telephone in a Dental Office

Dental Assistant—a Listening Post

Jane Addams Vocational High School
Dental Assistants

It Can Be Done

Evolution

The number of listings and the sub-
jects indicate that the nation's dental
publications are virtually virgin territory
for communicating information about the

education and certification of dental as-
sistants to members of the profession.

There are, of course, many additional
media which are readily available for
use such as news bulletins, letters, bro-
chures, pamphlets, graphic displays and
similar items.

In the use of any of the media I have
mentioned, there must be careful atten-
tion to the content of the message and
the manner in which it is presented. It
must say something and it must attract
attention.

While my subject today was expressly
limited to methods of communicating
with members of the dental profession,
it should be remembered that there also
is need for establishing good communi-
cation with the young girls who must be
recruited if the formal training programs
are to be a success. The recruitment pro-
grams, of necessity, must be carefully
coordinated with the whole communica-
tions program. While there is need to
convince the dentists of the value of the
trained assistant, there is also need to
convince the young girl of the value to
her of becoming a trained assistant.

As a final point, I should like to
raise the question of responsibility for
the communications program. Such a
campaign, if it were to reach effectively
any large group of the nation's dentists,
would be costly. It would take consid-
erable time, effort and money. It appears
to me that both the profession and the
assistants have an important stake in
the acceptance by the profession of the
education and certification programs un-
der consideration at this conference. I
do not propose here to assign the degrees
of responsibility for an information pro-
gram to any group. I do, however, want
to emphasize that unless some group or
groups assume a clear responsibility for
such a program, very little is apt to be
done.

WANTED: CLINICIANS IN DALLAS IN 1958!

Generous Reward Offered.

How do we begin planning programs for our local and state meetings? We think of speakers who would be interesting to hear, and who would present educational material to our members. We think of social meetings, of bosses night, but, do we think of CLINIC PROGRAMS for our meetings!

I am sure many of you who have attended an annual ADAA session have considered the clinics program the highlight of the meeting. Did you ever wonder how the clinics program is selected for the national sessions? Did you ever wish you could become a part of this clinics program? It IS possible for you to participate in the clinics program of the ADAA in Dallas, Texas, November 10-13, 1958! This is what you do: Ask your local president or program committee chairman to arrange for several 'Clinic Night' meetings; enough to allow each member, who wishes to do so, to present a clinic. Then, take your winning clinics to your state meetings, where your members will compete for eligibility to clinic at the national session (there are frequently state trophy awards to compete for, also).

Does this sound too difficult? It isn't.

An Urgent Message From The A. D. A. Executive Secretary—

We urge the State Associations and the Local Societies to contact the prospective members, whose names have been referred to them from this office, as promptly as possible. Some of them are sending their checks for ADAA dues directly to Central Office. This is not in accordance with the full intended purpose of this nationwide membership campaign.

All you need is ACTION. Talk to members who presented clinics in Miami—then, SWING INTO ACTION! Select a subject on a particular phase of your work; laboratory, chairside assisting, patient education, or, perhaps some tips in office management. Prepare material on this subject that will not sound too much like a lecture or paper, and study it until you are thoroughly familiar with it and prepared to deliver it effectively. Limit this material to a 5 to 7 minute presentation, for easy listening. You may stand or be seated at a card-table size table on which your clinic material, (models, illustrations or other material you wish to use to properly demonstrate your subject) should be neatly arranged.

You should be dressed in complete uniform, from white cap to white hose and shoes, and remember to speak in a distinct well modulated voice.

A copy of the ADAA 1958 Clinics & Exhibits Committee Brouchure has been sent to your local and state presidents, secretaries and Clinic Committee chairman. They will be happy to pass this information on to you for your assistance in planning your clinic.

Each state is entitled to as many clinicians at the annual ADAA session as it has delegates. However, you do not need to be a delegate to present a clinic, but delegates may present clinics if they wish to do so. Each district will be competing for the District Clinic Trophy. This is awarded to the district with the largest representation of clinics. The number of clinics is pro-rated according to membership, so every district has a fair chance.

OUR GOAL FOR 1958: A CLINIC OR CLINICS FROM EVERY STATE!

Your State Secretary must have your name, address, clinic title and a brief outline of your clinic by a specified date.

(See 1958 Clinics and Exhibits Brochure.)

There will be two clinic sessions in Dallas; our own session at the headquarters hotel, and a few will be selected to clinic with the A. D. A. You will present your clinic only once. When you submit your clinic title, if selected to clinic with the A. D. A., you will not be permitted to make a substitution in the title or the clinician. If you present your clinic with the ADA, you may substitute clinicians,

but no substitution of clinic title will be accepted.

We will be looking for you in Dallas with an ACTION-PACKED CLINIC! Your reward? The satisfaction of contributing something toward the education of fellow dental assistants, and a certificate, awarded for your participation in this part of the educational program at the annual session of the ADA.

Merle Andrews, Chairman.

Help Yourself

Edited by JANET LINDENBERG

Several drops of concentrated mouthwash added to the water in which impression compound is heated will give the compound a pleasant taste.

A small amount of hand lotion rubbed around the edges of the cuspidor gives the cuspidor a pleasant odor, and prevents blood from clinging to it.

After using a slab and spatula for mixing zinc oxide cement, wipe them off immediately with tissue instead of leaving them to scrape and clean later. This will prevent scratches on the slab and make cleaning easier.

To remove stains from a cuspidor, run water in the cuspidor, apply oxalic acid crystals to stained areas and let stand for 15 minutes, then flush the cuspidor.

To quickly clean the engine belt on the dental unit, moisten a small wad of cotton with chloroform, hold it against the engine belt, start the motor and run for a few minutes. The chloroform also serves to keep the belt pliable.

To remove silver nitrate stains from your hands apply Tr. Iodine and follow with aromatic spirits of amonio. Rinse in cold water.

Clinging particles of impression material can be removed from perforated impression trays by boiling trays in water to which has been added a small amount of baking soda.

When cleaning the unit use a wax

polish which contains a cleaner. This will leave a waxed surface and preserve the finish of the unit.

To insure a neat appearance at all times, always keep a clean uniform on hand.

Ink stains can be removed from fingers by brushing with vinegar followed by the application of table salt.

Zinc Oxide, Eugenol paste, temporary stopping or cement will not adhere to instruments that have been dipped in alcohol immediately before using.

A clean clothes pin makes an excellent holder for a wet or dry X-ray film. This strong clamp will hold the film in an upright position when placed on the bracket table.

Melt pieces of scrap wax and pour in discarded anesthetic tubes. When wax is removed it will be in its original stick form.

Make a note on the patient's record card of the shade and mold of the artificial teeth used in his restoration. This will be a time saver should repair become necessary.

The sharp edges of cutting instruments, and tips of hypodermic needles, can be protected by slipping them inside cotton rolls, for storage.

Care for your health while you have it; when it is gone chances are you can not buy more.

It's sure been
PROVEN
in our practice...



"My doctor uses Ravocaine* HCl and Novocain* with Neo-Cobefrin* because it's the modern anesthetic for modern dentistry. This fine Cook-Waite formula has the rapid onset and depth so desirable in modern procedures yet with moderate duration ... long enough to keep the patient beyond the threshold of dental pain in the most difficult cases but short enough to eliminate undue post-operative anesthesia."

"If your Doctor has never tried Ravocaine HCl and Novocain with Neo-Cobefrin, suggest he do so now ... he'll soon learn what my Doctor already knows."

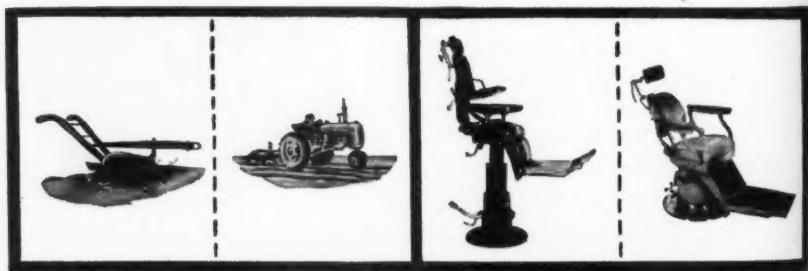
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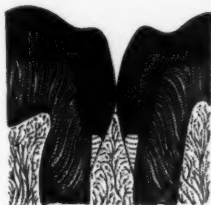
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WEBER



DWG. A: Contact too far to gingival



DWG. B: Contact too close to occlusal



DWG. C: Contact normal

The importance of contact areas

The drawings shown here are mesiodistal sections through portions of two bicuspid, and illustrate contact areas and form of interproximal spaces.

In drawing A the contact is too far to the gingival. This creates a wedge-shaped occlusal embrasure, into which food is packed. The force created destroys the alignment of the teeth, damaging the gingival tissues.

Drawing B shows a contact too close to the occlusal. Such a contact does not provide the sluice-way effect so necessary for tissue stimulation and for self-cleansing action.

Drawing C represents the ideal point of contact forming the correct interproximal space.

(Above prepared under the direction of George T. Cowger D.D.S.)

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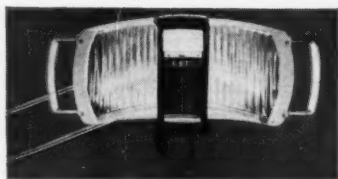
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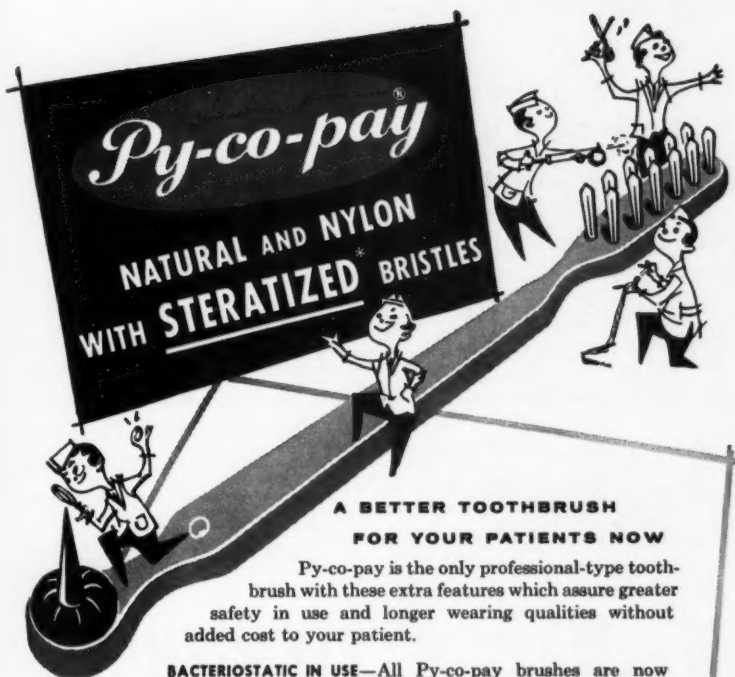


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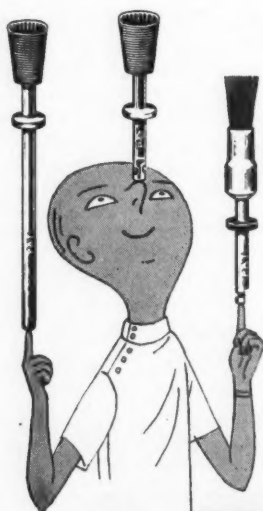
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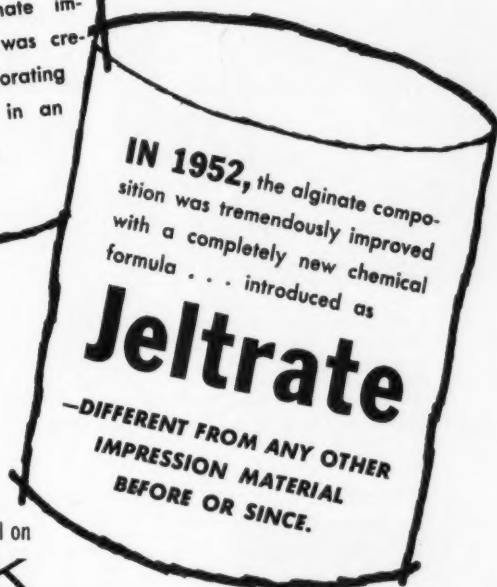
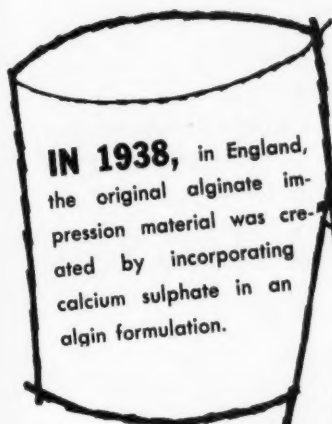


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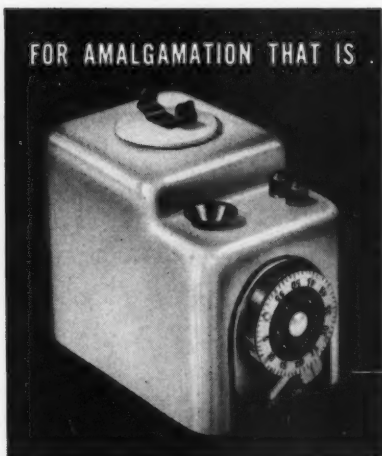
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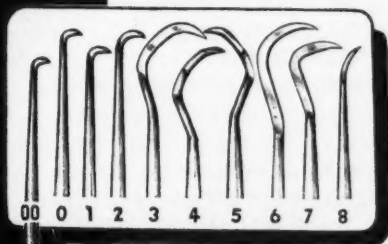
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